

Case Number:	CM14-0033928		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2012
Decision Date:	10/02/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who reported an injury on 01/17/2012. The mechanism of injury was not provided for clinical review. The diagnoses included multilevel cervical discopathy with radiculitis, bilateral shoulder impingement syndrome with rotator cuff tear, lumbar discopathy with radiculitis, carpal tunnel double crush syndrome, rule out internal derangement of the bilateral hips, and rule out internal derangement of the left ankle. Previous treatments included medication and x-rays. Within the clinical note dated 03/05/2012, it was reported the injured worker complained of intermittent cervical pain with radiated to the shoulders and upper back. Injured worker reported having pain aggravated by repetitive motions and prolonged positioning of the neck, pushing, pulling, forward reaching, and working. The injured worker complained of intermittent pain in the low back which radiated down to the lower extremities. The injured worker complained of intermittent shoulder pain. On physical examination, the provider noted the cervical spine revealed paravertebral muscle tension. A positive axial loading compression test was noted. There was extension of symptomology in the upper extremities with a positive Spurling's maneuver. The injured worker had a positive palmar compression test subsequent to a positive Phalen's, Tinel's, median nerve distribution. Upon examination of the bilateral shoulders, the provider noted the injured worker had pain and tenderness around the trapezius extending around the anterior glenohumeral region and subacromial space. Upon examination of the lumbar spine, the provider noted tenderness in the mid and distal lumbar segments. The provider noted flexion and extension were restricted. The clinical note dated 07/02/2012, it was reported the injured worker complained of bilateral shoulder, lumbar spine, bilateral hip, and left ankle pain which had not significantly changed from previous visit. Physical examination was unchanged from previous visit. Provider requested sumatriptan succinate for headaches, ondansetron for nausea, cyclobenzaprine for pain and

muscle spasms, and Medrox ointment for pain relief. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request (DOS: 3/5/12) for Sumatriptan Succinate tablets 25mg #9 times 2:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Head Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Imitrex.

Decision rationale: The retrospective request date of service 03/05/2012 for sumatriptan succinate tablets 25 mg #9 x 2 is not medically necessary. The Official Disability Guidelines recommend triptans for migraine sufferers. All oral triptans, including sumatriptan, brand name for Imitrex, are effective, as well as tolerated. The differences among them generally relatively small, but clinically relevant for individual injured workers. A poor response to 1 triptan does not predict a poor response to other agents in this class. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Retrospective request (DOS: 3/5/12) for Ondansetron ODT tablets 8mg, #30 times 2:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zofran

Decision rationale: The retrospective request for date of service 03/05/2012 for ondansetron ODT tablets 8 mg #30 x 2 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker has nausea and vomiting secondary to chronic opioid therapy. Therefore, the request is not medically necessary

Retrospective request (DOS: 7/2/12) for Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63,64.

Decision rationale: The retrospective request date of service 07/02/2012 for cyclobenzaprine hydrochloride tablets 7.5 #120 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 07/2012, which exceeds the guideline's recommendations of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Retrospective request (DOS: 7/2/12) for Sumatriptan Succinate tablets 25mg #9 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Head Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Imitrex.

Decision rationale: The retrospective request for date of service 07/02/2012 for sumatriptan succinate tablets 25 mg #9 x 2 is not medically necessary. The Official Disability Guidelines recommend triptans for migraine sufferers. All oral triptans, including sumatriptan, brand name for Imitrex, are effective, as well as tolerated. The differences among them are generally relatively small, but clinically relevant for individual injured workers. A poor response to 1 triptan does not predict a poor response to other agents in this class. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Retrospective request (DOS: 7/2/12) for Ondansetron ODT tablets 8mg #30 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zofran.

Decision rationale: The retrospective request date of service 07/02/2012 for ondansetron ODT tablets 8 mg #30 x 2 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker has nausea and vomiting secondary to chronic opioid therapy. Therefore, the request is not medically necessary.

Retrospective request (DOS: 7/2/12) for Medrox pain relief ointment 120gm times 2:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADs Page(s): 111-112.

Decision rationale: The retrospective request date of service 07/02/2012 for Medrox pain relief ointment 120 grams x 2 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.