

Case Number:	CM14-0044678		
Date Assigned:	07/02/2014	Date of Injury:	01/20/1975
Decision Date:	09/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39 year old male who reported an injury on 11/24/2011 due to an unknown mechanism. Diagnosis were cervical discopathy with radiculitis, lumbar discopathy with radiculitis, status post left shoulder arthroscopy with decompression and Mumford resection, right elbow cubital tunnel syndrome, and carpal tunnel syndrome. Past treatments were an IM injection of Toradol and chiropractic sessions. Diagnostic studies were not reported. Surgical history was left shoulder arthroscopic surgery. Physical examination on 07/23/2013 revealed increased pain in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. There were also complaints of left shoulder and lumbar spine pain. Examination of the cervical spine revealed that it was unchanged. There was tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. Axial loading compression test and Spurling's maneuver were positive. There was painful and restrictive cervical range of motion. Examination of the left shoulder was essentially unchanged. There was tenderness at the left shoulder anteriorly. Medications were not reported. Treatment plan was for retrospective request of sumatriptan succinate, ondansetron ODT, omeprazole, and tramadol. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 2/4/14) for Sumatriptan Succinate 25MG tab #9 x 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 (ODG) TWC Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Migraine Pharmaceutical Treatment.

Decision rationale: The Official Disability Guidelines for migraine pharmaceutical treatment recommends triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to 1 triptan does not predict a poor response to other agents in that class. Melatonin is recommended as an option, giving its favorable adverse effect profile. It is unknown if the injured worker has tried melatonin in the past. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore the Retrospective request (DOS: 2/4/14) Sumatriptan Succinate 25MG tab #9 x 2 is not medically necessary.

Retrospective request (DOS: 2/4/14) for Ondansetron ODT 8MG tab #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary & Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Ondansetron, Antiemetics.

Decision rationale: The Official Disability Guidelines for ondansetron (Zofran) is not recommended for nausea and vomiting, secondary to chronic opioid use. The guidelines state for ondansetron (Zofran) this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting, secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. The injured worker was not reported to have had gastroenteritis. It is unknown why the injured worker is taking this medication. The request submitted does not indicate a frequency for the medication. Therefore, the Retrospective request (DOS: 2/4/14) for Ondansetron ODT 8mg tab #30 is not medically necessary.

Retrospective request (DOS: 2/4/14) for Omeprazole delayed-release 20MG cap #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. For patients at high risk for gastrointestinal events with no cardiovascular disease, a Cox-2 selective agent is recommended plus a PPI if absolutely necessary. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Retrospective request (DOS: 2/4/14) for Tramadol HCL ER #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 78 82, 93, 94,113,.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs, such as tramadol (Ultram), are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.