

Case Number:	CM14-0056940		
Date Assigned:	06/04/2014	Date of Injury:	12/11/2012
Decision Date:	07/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 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:

This 34 year-old legal office support assistant sustained an injury on 12/11/12. Report of 6/25/13 from the provider noted the patient continues to treat for upper extremities of the wrists and elbows, lumbar spine and left knee symptoms essentially unchanged. Diagnoses include carpal tunnel syndrome, Cervicalgia, Lumbago, and left knee internal derangement. Conservative care has included medications, therapy, carpal tunnel injection (Left side- short lived relief), and activity modification. The patient has stomach upset with use of Naproxen. Exams remain unchanged with tenderness in cubital fossa; positive Tinels at ulnar two digits; positive palmar compression and Phalen's; lumbar spine with tenderness and spasm; guarded and restricted standing flexion; some dysesthesia in L5 and S1 dermatomes; tenderness of anterior joint line space of left knee. Medications were again recommended. The medications of Naproxen, Omeprazole, Cyclobenzaprine HCL, Tramadol were non-certified on 6/14/13 and 10/9/13. Report of 12/5/13 from the provider noted unchanged persistent pain symptoms with unchanged clinical findings. It was noted Levofloxacin was prescribed as routine precaution to avoid postoperative infection; Tramadol for acute severe pain; Ondansetron for nausea associated with headaches; Cyclobenzaprine for palpable muscle spasm; and Omeprazole for GI symptoms amongst multiple other medications recommended. Report of 2/20/14 from the provider again noted recommendations for continued oral medications to provide temporary symptomatic relief allowing for ADLs. The patient was deemed temporarily totally disabled for few days to return to previous light duty restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEVOFLOXACIN 750MG #30: 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) Office visits; Prophylaxis (antibiotic & anticoagulant).

Decision rationale: Per the provider, Levofloxacin was prescribed as routine precaution to avoid postoperative infection; however, there is no documented recent surgery or infection noted or what comorbidities the patient may have to deem her immunocompromised for routine precaution with use of antibiotics. The levofloxacin 750mg #30 is not medically necessary and appropriate.

TRAMADOL ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The tramadol ER 150mg #90 is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment. The cyclobenzaprine 7.5mg #120 is not medically necessary and appropriate.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. The patient has some symptoms related to use of Naproxen; however, the NSAID has been non-certified on several occasion for lack of functional benefit; thereby, deeming Omeprazole not medically necessary. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any specific confirmed GI diagnosis to warrant this medication. The omeprazole 20mg is not medically necessary and appropriate.

ONDANSETRON ODT 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea).

Decision rationale: The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea from chronic headaches. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use without recommendation for headaches. It may be prescribed as an option for postoperative therapy or in cancer patients, none of which apply in this case. The ondansetron ODT 8mg is not medically necessary and appropriate.