

Case Number:	CM14-0057314		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2009
Decision Date:	11/19/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with cumulative trauma at work through February 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 8, 2014, the claims administrator failed to approve requests for Naprosyn, tramadol, Prilosec, Zofran, Terocin, and Imitrex. The applicant's attorney subsequently appealed. In an October 31, 2013 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was placed off of work, on total temporary disability. On January 16, 2014, the applicant again reported ongoing complaints of neck and low back pain. Authorization for cervical spine surgery was sought. On this occasion, it was stated that the applicant was working. There was no explicit discussion of medication selection or medication efficacy. On February 28, 2014, the applicant again reported ongoing complaints of neck pain, headaches, migraines, shoulder pain, and low back pain. The applicant was placed off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy on this date, either. In an April 2, 2014 form, the attending provider furnished the applicant with prescriptions for Naprosyn, Flexeril, Imitrex, Zofran, Prilosec, Terocin, and tramadol. The order form employed preprinted checkboxes. There was no explicit discussion of medication selection or medication efficacy. On March 20, 2014, the applicant was again pending cervical spine surgery and cervical epidural steroid injection therapy. Unspecified medications were refilled. The applicant's work status was not furnished on this occasion. Once again, there was no discussion of medication selection or medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is seemingly off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Naprosyn usage. The attending provider's progress notes seemingly stated on multiple occasions that medications were refilled, with no explicit discussion of medication selection or medication efficacy. Ongoing usage of Naprosyn, however, has seemingly failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Omeprazole 20 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file contain no mention or discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Ondansetron 8 mg ODT #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, the documentation on file made no mention of issues with nausea or vomiting, nor did they contain any references to the applicant's having undergone recent radiation therapy, cancer chemotherapy, and/or surgery. Therefore, the request is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin, as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of "largely experimental" topical compounds such as Terocin. Therefore, the request is not medically necessary.

Sumatriptan 25 mg #9 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sumatriptan (Imitrex) Medication Guide

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Imitrex is indicated in the acute treatment of migraine headaches with or without aura in adults, as appear to be present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider did not explicitly state that ongoing usage of sumatriptan (Imitrex) had proven effectual in ameliorating or attenuating the applicant's migraine-type headaches. Indeed, the progress notes referenced above contained no discussion of medication selection or medication efficacy. Therefore, the request is not medically necessary.