

Case Number:	CM14-0075719		
Date Assigned:	07/16/2014	Date of Injury:	12/03/2012
Decision Date:	10/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 56-year-old male who reported an injury on 12/03/2012. The mechanism of injury is not provided. On 05/27/2014 the injured worker presented with right shoulder pain. Upon examination there was positive right shoulder Hawkins and impingement signs. The diagnosis was pain in the right shoulder. The provider stated that they are awaiting authorization for physical therapy. Current medications list was not provided. The provider recommended naproxen, ondansetron, omeprazole, tramadol, and Terocin patch. The provider's rationale is not provided. The Request for Authorization form was not included within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs (non-steriodal an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAIDs are associated with the risk of cardiovascular events, including MI, stroke and onset or worsening of preexisting

hypertension. It is generally recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of documentation within the medical records provided of a complete and adequate pain assessment on the efficacy of the prior use of the medication. As such, medical necessity has not been established. Therefore, the request for Naproxen Sodium 550mg, #100 is not medically necessary.

Ondansetron ODT 8mg, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: anti-emetics (for opioid nausea) and Pain Procedure summary: Ondansetron (Zofran)

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

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use. Nausea and vomiting is common and side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration and have limited application to long-term use. As the guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use, the medication would not indicated. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. Therefore, the request for Ondansetron ODT 8mg, #60 is not medically necessary.

Omeprazole DR 20mg, #120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule and Chronic Pain Medical Tr.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: According the California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The injured worker is not at moderate to high risk for gastrointestinal events and does not have a diagnosis congruent with the guideline recommendation for omeprazole. Additionally, the frequency of the medication was not provided. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established. Therefore, the request for Omeprazole DR 20mg, #120 is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: identify criteria for t.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. Therefore, the request for Tramadol Hydrochloride ER 150mg, #90 is not medically necessary.

Terocin Patch #30.: Upheld

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

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

Decision rationale: The California MTUS state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin is comprised of methyl salicylate/capsaicin/menthol and lidocaine. Any compounded product that contains at least one drug that is not recommended, is not recommended. The guidelines state Capsaicin is recommended only as an option for injured workers who are unresponsive or are intolerant to other treatments. Lidoderm is the only topical form of lidocaine approved. There is lack of documentation that the injured worker failed the trial of an antidepressant or anticonvulsant. The request does not indicate the frequency dose or site at which the Terocin was indicated for the request as submitted. As such, medical necessity has not been established. Therefore, the request for Terocin Patch #30 is not medically necessary.