

Case Number:	CM13-0051507		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2010
Decision Date:	11/06/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Mississippi
 Certification(s)/Specialty: Family Practice

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 patient is a 43-year-old female who reported an injury on 10/20/2010. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical radiculitis versus neuropathy, left shoulder impingement syndrome, the patient L4-5 posterior lumbar interbody fusion, status post removal of lumbar spine hardware, rule out internal derangement of the left hip, and rule out internal derangement of the left knee. The most recent physical examination was provided on 09/03/2013 by [REDACTED]. The patient reported ongoing left-sided lumbar pain as well as cervical spine pain and left shoulder pain. Physical examination revealed tenderness to palpation, paravertebral muscle spasm, positive Spurling's maneuver and axial loading compression test, painful and restricted cervical range of motion, tenderness at the subacromial space and AC joint of the left shoulder, positive impingement and Hawkins sign, painful range of motion of the left shoulder, tenderness to palpation of the lumbar spine, and no radiculopathy. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. California MTUS Guidelines further state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is not medically necessary.

Ondansetron 8mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

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

Decision rationale: The Official Disability Guidelines state ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and has been approved for postoperative use. The patient does not meet criteria for the requested medication. As such, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient continues to demonstrate paravertebral muscle spasm. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

Tramadol 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is not medically necessary.

Quazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, there is no evidence of anxiety or depressive symptoms. The medical necessity for the requested medication has not been established. Additionally, guidelines limit the use to 4 weeks. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.