

Case Number:	CM14-0173018		
Date Assigned:	11/17/2014	Date of Injury:	01/09/1999
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 Interventional Spine 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 patient is a 57-year-old male with date of injury of 01/09/1999. The treating physician's listed diagnoses from 09/03/2014 are: 1. Rotator cuff syndrome. 2. Shoulder region disease. 3. Cervicalgia. 4. Lumbosacral neuritis, NOS. According to this report, the patient complains of cervical spine pain. The pain is characterized as sharp, radiating into the upper extremities. He reports associated headaches that are migrainous in nature as well as tension between the shoulder blades. The patient rates his pain 6/10. The patient also complains of constant pain in the bilateral shoulder, left greater than the right, aggravated by forward reaching, lifting, pushing, pulling, working at or above the shoulder level. He rates his pain 8/10. The patient also complains of low back pain at a rate of 7/10. The examination shows palpable paravertebral muscle tenderness with spasms in the cervical spine. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited due to pain. There is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement sign are positive. There is palpable paravertebral muscle tenderness with spasm in the lumbar spine. Seated nerve root test is positive. There is tingling and numbness in the lateral thigh, anterolateral leg and foot at L5 dermatomal pattern. There is full strength in the EHL, and L4 innervated muscle. The documents include progress reports from 04/15/2014 to 09/17/2014. The utilization review denied the request on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medications Medications for chronic pain Page(s): 22, 60, 61.

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and low back pain. The treater is requesting Fenoprofen Calcium. The MTUS Guidelines, page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records do not show a history of Fenoprofen calcium use. Given that MTUS supports the use of anti-inflammatory medications as a traditional first-line treatment to reduce pain so activity and functional restoration can resume, a trial is reasonable. Therefore the request is medically necessary.

Omeprazole 20mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and low back pain. The treater is requesting Omeprazole. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 07/22/2014. The 07/22/2014 report notes that the patient described a history of epigastric pain and stomach upset while using NSAIDs in the past. Given that patient reports gastrointestinal events while utilizing NSAIDs, the use of omeprazole is reasonable. Therefore the request is medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 on Ondansetron

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and low back pain. The treater is requesting Ondansetron. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines under the pain chapter on ondansetron (Zofran) does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The records show that the patient was prescribed ondansetron on 07/22/2014. Ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. Therefore the request is not medically necessary.