

Case Number:	CM14-0186510		
Date Assigned:	11/14/2014	Date of Injury:	04/08/2014
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Management and 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 46-year-old female with an injury date of 04/08/2014. Based on the 09/08/2014 progress report, the patient complains of having left shoulder pain and right knee pain. In regards to the shoulder, the patient has a positive impingement test. There is evidence of medial collateral ligament tenderness. The 09/18/2014 report indicates that the patient's pain is intermittent. The patient's diagnoses include the following: 1. Internal derangement of the right knee. 2. Rotator cuff syndrome, left. 3. Sprain/strain of the left shoulder. 4. Sprain/strain knee/leg of the right. The utilization review determination being challenged is dated 10/28/2014. Treatment reports were provided from 08/21/2014 - 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Based on the 09/08/2014 progress report, the patient complains of having right knee pain and left shoulder pain. The request is for Omeprazole 20 Mg #120. The report with the request was not provided. The 09/02/14 report states that the patient is currently taking acetaminophen and meloxicam oral. There is no indication of when the patient begun taking omeprazole, nor is there any discussion provided in regards this medication. MTUS Guidelines pages 68 and 69 state the omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroids and/or anticoagulants. 4. High-dose multiple NSAIDs. The treater does not discuss any GI issues that the patient may have. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the MTUS Guidelines. The request for Omeprazole is not medically necessary.

Ondansetron 8 mg #30: Upheld

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

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

Decision rationale: Based on the 09/08/2014 progress report, the patient presents with left shoulder pain and a right knee pain. The request is for Ondansetron 8 MG #30. The report with the request was not provided. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis." In this case, there is no discussion provided as to if the patient has been having nausea and vomiting or what the purpose of this medication is. The request for Ondansetron is not medically necessary.

Cyclobenzaprine 7.5 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: According to the 09/08/2014 progress report, the patient presents with having left shoulder pain and right knee pain. The request is for Cyclobenzaprine 7.5 MG #120. The report with the request was not provided. According to MTUS Guidelines, cyclobenzaprine are "not recommended to be used for longer than 2 or 3 weeks." MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a

short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. There is no indication of how long the patient has been taking cyclobenzaprine for. There is no discussion regarding if this medication is for a long-term basis or short-term basis. MTUS only allows short-term basis. The request for Cyclobenzaprine is not medically necessary.

Tramadol 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 Criteria For Use Of Opioids Page(s): 78, 88-89.

Decision rationale: According to the 09/08/2014 progress report, the patient presents with having left shoulder pain and right knee pain. The request is for TRAMADOL 150 MG #90. The report with the request was not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior) as well as "pain assessment" for outcomes measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater fails to provide any information regarding analgesia, ADLs, adverse side effects, and aberrant behavior that the patient may have had with the use of tramadol. There are no urine drug screens provided, nor are there are any CURES report provided either. Due to lack of documentation, the request for Tramadol is not medically necessary.