

Case Number:	CM14-0191854		
Date Assigned:	11/25/2014	Date of Injury:	09/15/1999
Decision Date:	01/21/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 injured worker is a 60-year-old man with a date of injury of September 15, 1999. The injured worker developed the gradual onset of pain of the neck, back, upper extremities and knees secondary to his work duties as a field technician. Pursuant to the Primary Treating Physician's Complex Orthopedic Evaluation with Request for Authorization dated October 21, 2014, the provider documents that this is his initial evaluation of the patient and that no medical records have been received or reviewed concerning the patient. The patient presented to the office for evaluation of his cervical spine, lumbar spine, bilateral upper extremities, and knees. On October 21, 2014, the patient complains of constant pain in the lower back, bilateral elbows, bilateral wrists, and bilateral knees. The patient denies any past medical history with the exception of hypertension. The patient is currently taking Norco. The patient denies constipation, swallowing difficulties, heartburn, change in appetite, nausea, change in bowel habits, rectal bleeding, diarrhea, or jaundice. Physical examination of the cervical spine revealed paravertebral muscle tenderness with spasms. There is sub occipital tenderness, headaches and migraines. Range of motion (ROM) was limited by pain. There was no evidence of instability on exam. Examination of the bilateral elbows revealed pain and tenderness. Tinel's sign is positive over the cubital tunnel. Range of motion is full but painful. There is no clinical evidence of instability. Examination of the lumbar spine revealed pain and tenderness right across the iliac crest into the lumbosacral spine. There is no evidence of instability on exam. There is a radicular pain component in the lower extremities, the right side greater than the left. Examination of the bilateral knees revealed tenderness in the anterior joint line space, left side greater than right with a positive patellar grind test. There is crepitus with painful range of motion. There is no clinical evidence of instability. X-rays of the bilateral elbows, bilateral knees, and bilateral wrists were obtained and reviewed by the provider. The results were essentially within normal limits. The

patient was diagnosed with cervical/lumbar discopathy; cervicalgia; rule out internal derangement bilateral knees; cubital tunnel syndrome; and status post bilateral carpal tunnel release. The provider documented that over the years, the injured worker has received formal courses of land and aquatic physical therapy with benefit. The provider is recommending Omeprazole 20mg #90, Ondansetron 8mg ODT # 30, Cyclobenzaprine 7.5mg #120, Tramadol ER 150mg #90, Sumatriptan Succinate 25mg #9, physical therapy 3 times a week for 4 weeks to the cervical spine, lumbar spine, bilateral wrists, and bilateral elbows, and x-rays of the cervical, lumbar, wrists, and elbows (retrospective DOS: 10/21/14). There were to urine drug screens in the medical record dated March 7, 2014, and August 15, 2014 which both reflected inconsistent result with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Omeprazole, NSAIDs

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs with certain risk factors. These risk factors include, but are not limited to age greater 65 years; history of peptic disease, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high dose/multiple non-steroidal anti-inflammatory use. In this case, the injured worker is a 60-year-old man with a date of injury September 15, 1999. The working diagnoses are cervical/lumbar discopathy; cervicalgia; rule out internal derangement bilateral knees; cubital tunnel syndrome; and status post bilateral carpal tunnel releases. There are no comorbid conditions in the medical record putting the injured worker at risk for G.I. bleeding. Specifically, there is no history of peptic disease, G.I. bleeding, concurrent aspirin use, or high-dose non-steroidal anti-inflammatory drug use. Consequently, there is no clinical indication for Omeprazole 20 mg #120. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8mg ODT QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, PDR

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg ODT #30 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. In this case, the injured worker is not receiving chemotherapy or radiation treatment, is not post-operative and does not have gastroenteritis. Zofran is not indicated for nausea and vomiting secondary to opiate use. Consequently, Zofran 8 mg ODT is not medically necessary.

Cyclobenzaprine HCL 7.5mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker is 60 years old with a date of injury September 15, 1999. Working diagnoses are cervical/lumbar discopathy, cervicgia, rule out internal derangement bilateral knees, cubital tunnel syndrome and status post bilateral carpal releases. The injured worker presented to a new physician on October 21, 2014. This injury is 15 years old. Old records were not available for review. Two urine drug screens in the medical record showed inconsistent results compatible with medications. Cyclobenzaprine is a muscle relaxant indicated for short-term (less than two weeks) people of acute low back pain with short-term treatment of acute exacerbations in patients with chronic low back pain. Back pain is not one of the listed diagnoses. Additionally, there is no clinical documentation in the medical record to support the long-term use of Cyclobenzaprine. Consequently, Cyclobenzaprine 7.5 mg #120 is not medically necessary.

Tramadol ER 150mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opioids

Decision rationale: Pursuant to the Official Disability Guidelines, Tramadol ER 150 mg #90 is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A

detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. A risk assessment should be performed with chronic open use to determine whether the patient is at low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker is 60 years old with a date of injury September 15, 1999. Working diagnoses are cervical/lumbar discopathy, cervicgia, rule out internal derangement bilateral knees, cubital tunnel syndrome and status post bilateral carpal releases. The injured worker presented to a new physician on October 21, 2014. This injury is 15 years old. Old records were not available for review. Two urine drug screens in the medical record showed inconsistent results compatible with medications. Inconsistent drug results are compatible with a higher than normal risk for drug misuse or abuse. Despite the inconsistent urine drug screens, this new treating physician is prescribing Tramadol ER 150 mg #90 with no discussion of those urine drug screen results. Consequently, after the appropriate documentation and the inconsistent your drug screens, Tramadol ER 150 mg #90 is not necessary.

Sumatriptan succinate 25mg QTY: 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/imitrex.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>

Decision rationale: Pursuant to the Official Disability Guidelines, Sumatriptan succinate 25 mg #9 is not medically necessary. Imitrex Sumatriptan is used to treat symptoms of migraine headaches. In this case, the injured worker is 60 years old with a date of injury September 15, 1999. Working diagnoses are cervical/lumbar discopathy, cervicgia, rule out internal derangement bilateral knees, cubital tunnel syndrome and status post bilateral carpal releases. The injured worker presented to a new physician on October 21, 2014. This injury is 15 years old. Old records were not available for review. Two urine drug screens in the medical record showed inconsistent results compatible with medications. The documentation states the injured worker suffers with neck pain and headache. There is no discussion of recent migraine or vascular headaches or a causal relationship to the industrial injury in the medical record and consequently, Sumatriptan succinate 25 mg #9 is not medically necessary.

Physical therapy, 3 times a week for 4 weeks to the cervical spine, low back, bilateral wrists and bilateral elbows: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy three times a week for four weeks to the cervical spine, low back and bilateral wrists and bilateral elbows is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The documentation indicates over the years the injured worker received both land-based and aqua therapy. There is no documentation as to what areas were treated, frequency or duration. Consequently, based on the documentation provided, physical therapy three times a week for four weeks to the cervical spine, low back, bilateral wrists and bilateral elbows is not medically necessary.

Retrospective: X-Ray of the Cervical Spine (DOS: 10/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209.

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

Decision rationale: Pursuant to the Official Disability Guidelines, the x-ray of the cervical spine that was performed on October 21, 2014 is not medically necessary. The guidelines enumerated the indications for radiographic imaging. There is no clinical indication to repeat cervical spine x-rays in a 15-year-old injury when the old records have not been obtained for review. There were no clinical findings indicating urgent/emergent need to repeat cervical spine x-rays. Consequently, the x-ray of the cervical spine that was performed at October 21, 2014 is not medically necessary.

Retrospective: X-Ray of the Lumbar Spine (DOS: 10/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Radiographs

Decision rationale: Pursuant to the Official Disability Guidelines, the x-ray of the lumbar spine performed on October 21, 2014 was not medically necessary. The guidelines enumerated the indications for plain x-rays of the lumbar spine. Lumbar spine x-rays are not recommended (routine) the absence of red flags. There is no clinical indication to repeat lumbar spine x-rays in a 15-year-old injury when the old records have not been obtained for review. There were no clinical findings indicating urgent/emergent need to repeat lumbar spine x-rays. Consequently, x-ray of the lumbar spine that was performed on October 21, 2014 is not medically necessary.

Retrospective: X-Ray of the Bilateral Wrists (DOS: 10/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Radiographs

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the bilateral wrists performed on October 21, 2014 are not medically necessary. The guidelines enumerated specific indications for radiographs of the wrists. There is no clinical indication to repeat wrist x-rays in a 15-year-old injury when the old records have not been obtained for review. There were no clinical findings in the record indicating an urgent/emergent need to repeat wrist x-rays. Consequently, x-rays of the bilateral wrists that were performed on October 21, 2014 are not medically necessary.

Retrospective: X-Ray of the Bilateral Elbows (DOS: 10/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209.

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

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the bilateral elbows performed on October 21, 2014 are not medically necessary. The guidelines enumerate specific indications for radiographs of the elbow. There were no clinical findings in the medical record indicating an urgent/emergent need to repeat x-rays of the elbow bilaterally. Consequently, x-rays of the bilateral elbows that were performed on October 21, 2014 are not medically necessary.