

Case Number:	CM14-0192624		
Date Assigned:	11/26/2014	Date of Injury:	04/05/2004
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 5, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and reported return to work as of a Medical-legal Evaluation dated May 13, 2014. In a Utilization Review Report dated October 24, 2014, the claims administrator approved a request for Nalfon, denied a request for Prilosec, denied a request for Zofran, partially approved a request for cyclobenzaprine, approved a request for tramadol, and approved a request for Imitrex. The claims administrator stated that its decision was based on office visits of June 9, 2014 and September 24, 2014. The applicant's attorney subsequently appealed. In an office visit dated January 3, 2014, the applicant was described as working as a police officer despite ongoing complaints of neck and shoulder pain. Tramadol, naproxen, and Prilosec were endorsed. The applicant was returned to regular duty work. The applicant specifically denied any issues with asthma, diabetes, or any systemic medical disease process. There was no mention of issues with reflux, heartburn, and/or nausea in any section of the report. On January 20, 2014, the applicant was again returned to regular duty work, despite ongoing complaints of neck and shoulder pain. On August 7, 2014, the applicant was again asked to pursue additional physical therapy owing to ongoing complaints of neck and shoulder pain. The applicant was returned to regular duty work. In a September 24, 2014 Doctor's First Report (DFR), the applicant presented with ongoing complaints of neck and shoulder pain. The applicant had had apparently transferred care to a new primary treating provider and was, once again, returned to regular duty work. The note was very sparse and contained no reference of any issues with reflux, heartburn, dyspepsia,

or nausea. Medication selection or medication efficacy was not discussed. The attending provider stated that he was prescribing medications under "separate cover."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #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, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. It was not clearly stated why and/or for what purpose omeprazole was being employed. Therefore, the request was not medically necessary.

Ondansetron 8mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there was no mention of the applicant's having had recent cancer chemotherapy, radiation therapy, and/or surgery. Furthermore, the attending provider did not allude to the applicant's having personally experienced any symptoms of nausea or vomiting on any of the progress notes in question. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Zofran, tramadol, Nalfon, etc. Adding cyclobenzaprine or Flexeril to the mix was/is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.