

Case Number:	CM14-0196328		
Date Assigned:	12/04/2014	Date of Injury:	01/05/2013
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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:

This is a 64-year-old male with a 1/5/13 date of injury. According to a progress report dated 9/29/14, the patient complained of constant pain in the cervical spine that radiated into the upper extremities. There were also associated headaches that were migrainous in nature, as well as tension between the shoulder blades, rated as a 6/10. He also reported pain in the low back that radiated into the lower extremities, rated as 8/10. His bilateral shoulder pain was rated at 7/10. Objective findings: palpable paravertebral muscle tenderness with spasm, limited cervical range of motion with pain, tingling and numbness into the lateral forearm and hand, guarded and restricted lumbar range of motion, tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins and impingement signs. Diagnostic impression: cervicgia, joint derangement of shoulder, lumbago. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 11/3/14 denied the requests for fenoprofen, omeprazole, ondansetron, cyclobenzaprine, and tramadol ER. Regarding fenoprofen, the patient was noted to have been prescribed this medication long-term, with no documentation of objective functional benefit/return to work. Regarding omeprazole, there are no GI symptoms or treatment rendered thus far for GI symptoms, and documentation does not describe risk factors for GI bleed to warrant prophylaxis. Regarding ondansetron, the documentation does not describe recent surgery or treatment for cancer. Regarding cyclobenzaprine, documentation does not identify presence of spasticity, and there is no documentation of significant functional/vocational benefit with the use of muscle relaxants. Regarding tramadol ER, the documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg QTY: 120 1 pill TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Fenoprofen Calcium (Nalfon) 400mg QTY: 120 1 pill TID is not medically necessary.

Omeprazole 20mg one (1) q12hrs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is noted that Omeprazole has been prescribed for GI symptoms caused by NSAID use. However, in the present case, the medical necessity of the NSAID, fenoprofen, has not been established. As a result, this associated request for prophylaxis from NSAID-induced gastritis cannot be established. In addition, there is no documentation that this patient presently has any gastrointestinal complaints. Therefore, the request for Omeprazole 20mg one (1) q12hrs #120 is not medically necessary.

Ondansetron 8mg ODT #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 (ODG), Pain regarding Antiomatics (for Opioid Nausea)

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: FDA (Ondansetron)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, in the present case, there is no documentation that this patient had any current complaints of nausea and/or vomiting. In addition, there is no documentation that this patient was undergoing chemotherapy, radiation therapy, or surgery. Therefore, the request for Ondansetron 8mg ODT #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg one (1) q8hrs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking cyclobenzaprine since at least 4/2/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg one (1) q8hrs #120 is not medically necessary.

Tramadol ER 150mg one (1) QD #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 113, 78-81.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken

as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation that this patient has had a trial and failure of a first-line opioid medication. The documentation provided for review does not indicate significant pain reduction or improved activities of daily living from medication use. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol ER 150mg one (1) QD #90 is not medically necessary.