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| Case Number: | CM14-0196917 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 07/24/2000 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/04/2014 |
| 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, 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 43 year old female with an injury date on 07/24/2000. Based on the 08/20/2014 progress report provided by the treating physician, the diagnoses are: 1. Impingement syndrome and biceps tendinitis of the shoulder on the right, status post decompression, biceps tenodesis and stabilization 2. Impingement syndrome of the left shoulder and labral biceps tendinitis for which surgery is being requested, status post injection 3. Epicondylitis laterally 4. Ulnar nerve function, for which the qualified exam suggested possible ulnar nerve transposition over time 5. Discogenic cervical condition with radicular components with trigger point injection to the left and midline for which she has had multiple injections including one on the date of 04/22/2014 6. Brachial plexus inflammation bilaterally with tenderness along the scalene musculature area 7. Weight gain of 20 pounds 8. Issue of sleep According to this report, the patient complains of "spasms behind bilateral shoulders and numbness and tingling in bilateral hands. She has daily pain ranges from 5-8/10. These conditions negatively affect the use of both arms." There is no record of positive findings found on examination. Patient does smoke and drink occasionally. "She admits to pain in the neck, both shoulders, both elbows, and she also admits to sleep issue as well as elements of depression." The patient work status is "not working." The treatment plan is physical therapy; medications, do home exercise, and scheduled to return for follow-up evaluation in four weeks. The patient's past treatment consist of surgery, had a QME, injection, TENS unit, surgery, MRI of the cervical spine, neck traction, and chiropractic care. There were no other significant findings noted on the record. The utilization review denied the request for (1) Ondansetron 8 mg quantity 10 that was provided on 10/20/2014, (2) Cyclobenzaprine 7.5 mg quantity 60 that was provided on 10/20/2014 and (3) Pantoprazole 20 mg quantity 60 that was provided on 10/20/2014 on 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/16/2014 to 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg quantity 10 that was provided on 10/20/2014: 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), Antiemetic

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 under antiemetic

Decision rationale: According to the 08/20/2014 report, this patient presents with bilateral shoulders and hands. Per this report, the current request is for Ondansetron 8 mg quantity 10 that was provided on 10/20/2014. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." In this case, Ondansetron 20 mg #60 was provided to the patient on 10/20/2014, and there are no current records from the treating physician available for review. The most recent progress report is dated 08/20/2014 and the utilization review letter is in question from 11/04/2014. The treating physician mentions that "the possible surgical date is in October." However, there is no documentation of the patient being scheduled for surgery. ODG guidelines support the use of Ondansetron for post-op for nausea. The current request is not medically necessary.

Pantoprazole 20mg quantity 60 that was provided on 10/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guideline (ODG), PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 08/20/2014 report, this patient presents with bilateral shoulders and hands pain. Per this report, the current request is for Pantoprazole 20 mg quantity 60 that was provided on 10/20/2014. The treating physician did not mention why the medication was prescribed. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. 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." In this case, the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old and no other risk factors are present. There is no discussion regarding symptoms of gastritis, reflux or other condition that would require a PPI. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the current request is not medically necessary.

Cyclobenzaprine 7.5mg quantity 60 that was provided on 10/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: According to the 08/20/2014 report, this patient presents with bilateral shoulders and hands pain. Per this report, the current request is for Cyclobenzaprine 7.5 mg quantity 60 that was provided on 10/20/2014, and it is unknown how the patient is taking this medication and for what benefit. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs, pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician is requesting Cyclobenzaprine #60 and this medication is not recommended for long term use. The treating physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.