

Case Number:	CM14-0200832		
Date Assigned:	12/11/2014	Date of Injury:	10/31/2001
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 73-year-old man who sustained a work-related injury on October 31, 2001. Subsequently, he developed chronic neck, low back, and shoulder pain. According to the progress report dated September 24, 2014, the patient complained of constant pain in the cervical spine. The pain was characterized as sharp. There was radiation of pain into the upper extremities. There were associated headaches that were migranious in nature as well as tension between the shoulder blades. The patient rated his level of pain as a 7/10. The patient reported pain in the bilateral shoulders that was characterized as throbbing. The patient's pain was unchanged and it was rated as a 5/10. The patient also complained of constant pain in the low back that was characterized as sharp. There was radiation of the pain into the lower extremities with weakness and loss of balance. The patient rated his level of pain as a 7/10. Examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. A positive axial loading compression test was noted. Spurling's maneuver was positive. Range of motion was limited by pain. Examination of the bilateral shoulders revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were positive. There was pain with terminal motion. There was reproducible symptomatology with internal rotation and forward flexion. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the anterior and lateral thigh, leg and foot, anterior knee, medial leg and foot, posterior leg and lateral foot, which correlates with L4 to S1 dermatomal pattern. There was 4/5 strength in the quadriceps, EHL, and ankle plantar flexors, L4, L5, and S1 innervated muscles. The patient was diagnosed with cervical discopathy with radiculitis, lumbar discopathy with radiculitis, status post right shoulder arthroscopic surgery, and left shoulder impingement

syndrome with rotator cuff tear. The provider requested authorization for Fenoprofen Calcium, Omeprazole, Ondansetron, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis (including Knee & Hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind using FENOPROFEN CALCIUM. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of FENOPROFEN CALCIUM. There is no documentation of pain and functional improvement of previous use of Naproxen. Therefore, the request for FENOPROFEN CALCIUM 400MG #120 is not medically necessary.

Omeprazole 20mg #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 & Cardiovascular Risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20 mg #120 prescription is 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 (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8mg #30 is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a nonsedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for CYCLOBENZAPRINE 7.5MG #120 is not medically necessary.