

Case Number:	CM14-0201038		
Date Assigned:	12/11/2014	Date of Injury:	02/01/2012
Decision Date:	01/29/2015	UR Denial Date:	10/28/2014
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 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 injured worker is a 57 year old female with a date of injury of December 1, 2012. Results of the injury include pain in the cervical spine, chronic headaches, tension between the shoulders blades, and migraines. Diagnosis include status post right shoulder surgery by history with persistent impingement syndrome, slap lesion tear and partial tear of the rotator cuff, right carpal tunnel/double crush syndrome, cervical radiculitis, and internal derangement left knee. Treatment plan included chiropractic care, possible surgical intervention, and medication management. Diagnostic studies are unavailable. Progress report dated November 26, 2012 showed persistent symptomology in the cervical spine with extension in the upper extremities, right side more pronounced than the left with a positive Spurling's maneuver. Right shoulder showed tenderness in the anterior glenohumeral region and subacromial space with restrictive range of motion. The right upper extremity showed a positive palmar compression test, Phalen's maneuver, and positive Tinel's. Left knee showed tenderness in the anterior joint line space. Work status was noted as modified duty. Treatment was noted as above. Utilization review form dated October 28, 2014 noncertified Fenoprofen Calcium 400mg, Omeprazole 20mg #120, Odansetron 8mg #120, and Cyclobenzaprine Hydrochloride 7.5mg #120 due to noncompliance with MTUS and Official Disability Guidelines. Tramadol ER 150mg #90 was modified per the MTUS guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcuim 400mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 70-73.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines page 22 for Anti-inflammatory medications state: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS Chronic Pain Medical Treatment Guidelines, pages 70-73 for fenoprofen states: "Fenoprofen (Nalfon , generic available): 200, 600 mg. Dosing: osteoarthritis; (off-label use for ankylosing spondylitis); 300 - 600mg PO 3 to 4 times per day (Max daily dose is 3200mg). Improvement may take as long as 2 to 3 weeks. Mild to moderate pain (off-label use for bone pain): 200mg PO every 4 to 6 hours as needed."The physician states on his 9/18/14 letter, that the fenoprofen was prescribed for the patient's inflammation and pain. The only other medical report provided was the 9/5/14 evaluation that documents pain and range of motion issues in the left knee, right shoulder, right wrist and cervical spine. The prior UR letter from 7/29/14 shows the patient was taking naproxen at that time, and it is not clear when the patient was started on fenoprofen. The medical reports that are provided for review do not mention any functional improvement, but it is not clear if the patient had a trial of fenoprofen or whether this is the initial trial. Based solely on the information available in the 9/5/14 and 9/18/14 medical reports, the fenoprofen is in accordance with MTUS guidelines. The request for the use of fenoprofen calcium 400mg is medically necessary.

Omeprazole 20mg #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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, pages 68-67 for non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms and cardiovascular risk allows for use of a proton pump inhibitor (PPI) such as omeprazole if patient is at risk for GI events or has dyspepsia secondary to NSAID therapy. MTUS states a patient is at risk if: (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 Acetylsalicylic acid (ASA)). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. MTUS states for Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The physician states on his 9/18/14 letter, that the omeprazole delayed-release capsule, 20mg #120 was prescribed for the patient's GI symptoms. The only other medical report provided was the 9/5/14 evaluation that documents pain and range of motion issues in the left knee, right shoulder, right wrist and cervical spine but does not

discuss any efficacy of medications, side effects or history of GI problems. It also appears that the patient was recently changed from naproxen to fenoprofen without any details. The medical reports that are provided for review, do not mention what GI symptoms the patient has, and there is no documentation that the patient meets any of the MTUS risk factor requirements that might allow for use of a PPI for prevention. Based solely on the information available in the 9/5/14 and 9/18/14 medical reports, the Omeprazole 20mg, twice a day, #120 is not accordance with MTUS guidelines. The request for the use of Omeprazole 20mg, #120 is not medically necessary.

Ondansetron 8mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation Pain Procedure Summary

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 for: Ondansetron (Zofran®) and Other Medical Treatment Guideline or Medical Evidence: FDA Boxed label indications for Zofran (ondansetron)

Decision rationale: MTUS Guidelines did not discuss use of Ondansetron for pain. ODG-TWC guidelines in the pain chapter states Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. According to the boxed label, the indications for Zofran include: "1. Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin 50 mg/m. 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy.3. Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen.4. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, ZOFRAN Tablets, ZOFRAN ODT Orally Disintegrating Tablets, and ZOFRAN Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low. "The physician states on his 9/18/14 letter, that the ondansetron 8mg, #120 was prescribed for the patient's nausea associated with headaches from the chronic cervical spine pain. The template medical necessity report states the medication is effective for nausea from NSAIDs, postoperative nausea or nausea from headaches or chronic pain and for hyperemesis gravidarum. The only other medical report provided was the 9/5/14 evaluation that documents pain and range of motion issues in the left knee, right shoulder, right wrist and cervical spine but does not discuss any efficacy of medications, side effects or history of gastrointestinal (GI) problems. It does not mention headaches, migraines, nausea, or postoperative pain or pregnancy. The medical reports that are provided for review do not document that the patient has any of the conditions the physician prescribed the ondansetron for. Based solely on the information available in the 9/5/14 and 9/18/14 medical reports, the Ondansetron 8mg #120 is not accordance with ODG guidelines for pain and does not appear to be in accordance with the FDA boxed label indication for Zofran (ondansetron). The request for the use of Ondansetron 8mg #120 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #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 Flexeril; Muscle relaxants (for pain) Page(s): 41-42; 63-66.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines pages 63-66 for Muscle relaxants (for pain) for cyclobenzaprine states: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use... Dosing: 5 mg three times a day. Can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) "The physician states on his 9/18/14 letter, that the cyclobenzaprine HCL 7.5mg was for palpable spasm. The only other medical report provided was the 9/5/14 evaluation does document palpable spasm in the cervical region. The UR letter states the 11/26/12 report shows the patient was using cyclobenzaprine. The information available in the 9/5/14 and 9/18/14 medical reports and the 10/28/14 UR letter documents use of cyclobenzaprine since 11/26/12. There is no mention of efficacy and the use of cyclobenzaprine over 3 weeks is not supported by the MTUS guidelines. The use of cyclobenzaprine longer than 2-3 weeks is not in accordance with MTUS guidelines. The request for the use of Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list; Pain Outcomes and Endpoint Page(s): 113; 93-94.

Decision rationale: On page 113 of MTUS, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS page 8 states when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician states on his 9/18/14 letter that the Tramadol ER is being prescribed for acute severe pain. It states there is an acute exacerbation of severe pain from a chronic condition. The only other medical report provided was the 9/5/14 evaluation does not document an acute flare-up but states pain is 7/10. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tramadol ER. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for the use of Tramadol ER 150mg #90 is not medically necessary.

