

Case Number:	CM14-0204600		
Date Assigned:	12/16/2014	Date of Injury:	03/10/2003
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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:

he injured worker is a 55 year-old female, who sustained an injury on March 10, 2003. The mechanism of injury occurred from a fall. Diagnostics have included: E&G/CV dated February 17, 2014 reported as showing chronic L5 radiculopathy. Treatments have included: total knee replacement, peroneal nerve decompression, lumbar fusion and subsequent hardware removal, physical therapy, medications. The current diagnoses are: right humerus fracture, right shoulder impingement, right elbow contusion, s/p lumbar fusion. The stated purpose of the request for Omeprazole 20 mg #120 was not noted. The request for Omeprazole 20 mg #120 was denied on November 7, 2014, citing a lack of documentation of GI distress symptoms. The stated purpose of the request for Ondansetron 8 mg ODT #30 was not noted. The request for Ondansetron 8 mg ODT #30 was denied on November 7, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Cyclobenzaprine Hydrochloride tab 7.5 mg #120 was for muscle spasms. The request for Cyclobenzaprine Hydrochloride tab 7.5 mg #120 was denied on November 7, 2014, citing a lack of documentation of exam evidence of spasms. The stated purpose of the request for Tramadol ER 150 mg #90 was for pain. The request for Tramadol ER 150 mg #90 was modified for QTY # 60 on November 7, 2014. Per the report dated October 6, 2014, the treating physician noted complaints of right knee pain, decreased right peroneal sensation, low back pain, right elbow pain, right shoulder pain. Exam showed right shoulder tenderness with positive Hawkins and impingement signs, right elbow tenderness with positive cubital tunnel Tinel sign, negative straight leg raising test, right knee lateral joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #120;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Omeprazole 20 mg #120 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has right knee pain, decreased right peroneal sensation, low back pain, right elbow pain, right shoulder pain. The treating physician has documented right shoulder tenderness with positive Hawkins and impingement signs, right elbow tenderness with positive cubital tunnel Tinel sign, negative straight leg raising test, right knee lateral joint line tenderness. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8 mg ODT #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ondansetron (Zofran®).

Decision rationale: The requested Ondansetron 8 mg ODT #30, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has right knee pain, decreased right peroneal sensation, low back pain, right elbow pain, right shoulder pain. The treating physician has documented right shoulder tenderness with positive Hawkins and impingement signs, right elbow tenderness with positive cubital tunnel Tinel sign, negative straight leg raising test, right knee lateral joint line tenderness. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Ondansetron 8 mg ODT #30 is not medically necessary.

Cyclobenzaprine Hydrochloride tab 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine Hydrochloride tab 7.5 mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has right knee pain, decreased right peroneal sensation, low back pain, right elbow pain, right shoulder pain. The treating physician has documented right shoulder tenderness with positive Hawkins and impingement signs, right elbow tenderness with positive cubital tunnel Tinel sign, negative straight leg raising test, right knee lateral joint line tenderness. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine Hydrochloride tab 7.5 mg #120 is not medically necessary.

Tramadol ER 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-80, 80-82, 113.

Decision rationale: The requested Tramadol ER 150 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right knee pain, decreased right peroneal sensation, low back pain, right elbow pain, right shoulder pain. The treating physician has documented right shoulder tenderness with positive Hawkins and impingement signs, right elbow tenderness with positive cubital tunnel Tinel sign, negative straight leg raising test, right knee lateral joint line tenderness. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 150 mg #90 is not medically necessary.

