

Case Number:	CM15-0001906		
Date Assigned:	01/12/2015	Date of Injury:	04/04/2012
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 04/04/2012. The injured worker reportedly sustained multiple fractures and injuries when he was struck by a bundle of falling metal. The current diagnoses include left shoulder impingement syndrome, left shoulder acromioclavicular joint osteoarthritis, left shoulder adhesive capsulitis, and status post left shoulder manipulation under anesthesia on 07/17/2014. The current medication regimen includes tramadol HCl ER 150 mg, naproxen sodium 550 mg, Protonix 20 mg, and Zofran ODT 4 mg. The injured worker presented on 09/16/2014 with complaints of persistent pain over multiple areas of the body. The injured worker reported pain with activity. Previous conservative treatment included chiropractic therapy, physical therapy, home exercise, and medication management. Upon examination, there was tenderness to palpation over the left acromioclavicular joint, crepitus with flexion, restricted range of motion, 100 degrees flexion, 5 degrees extension, 170 degrees abduction, 50 degrees adduction, and 70 degrees internal and external rotation. Recommendations included continuation of physical therapy, home exercise, and the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Cyclobenzaprine (Fexmid) 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatments of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon physical examination. Therefore, the medical necessity has not been established in this case. There was also no frequency listed in the request. As such, the request is not medically appropriate.

RETRO Ondansetron ODT (Zofran) 4mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70. Decision based on Non-MTUS Citation ODG Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Ondansetron, Antiemetic.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Ondansetron has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Acute use is FDA approved for gastroenteritis. The injured worker does not maintain a diagnosis of gastroenteritis. The medical necessity for the requested medication has not been established in this case. There was also no frequency listed in the request. As such, the request is not medically appropriate.

RETRO Naproxen Sodium (Anaprox) 550mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. It is unclear how long the injured worker has utilized naproxen 550 mg. The California MTUS Guidelines do not recommend long term use of NSAIDs. There was no frequency listed in the request. As such, the request is not medically appropriate.