

Case Number:	CM15-0102119		
Date Assigned:	06/04/2015	Date of Injury:	07/11/2012
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/27/2015

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 44 year old male, who sustained an industrial injury on 07/11/2012. He has reported subsequent low back, neck, bilateral shoulder and wrist pain and was diagnosed with cervical and lumbar discopathy, cervicalgia, carpal tunnel/double crush syndrome, status post laceration of the left thumb and rule out internal derangement of the bilateral shoulders, left greater than right. Treatment to date has included oral pain medication, lumbar epidural injections, physical therapy and acupuncture. The only medical documentation submitted was a progress noted dated 10/23/2014 and a request for authorization dated 11/05/2014. In the progress note dated 10/23/2014, the injured worker complained of severe low back pain rated as 9/10, constant cervical pain rated as 8/10, bilateral shoulder pain rated as 7/10 and intermittent bilateral wrist pain rated as 4-5/10. Objective findings were notable for tenderness to palpation of the paravertebral muscles of the lumbar and cervical spine, bilateral shoulders and bilateral wrists, tingling and numbness in the anterolateral thigh, anterior knee, anterolateral and medial leg and foot in an L4 and L5 dermatomal pattern, limited range of motion of the lumbar and cervical spine, tingling and numbness in the lateral forearm and hand which correlates with a C6 dermatomal pattern and diminished sensation in the radial digits. A request for authorization of Lansoprazole, Ondansetron, Cyclobenzaprine and Sumatriptan Succinate was submitted. The physician noted that Sumatriptan was being requested for a migraine headache associated with chronic cervical pain, Cyclobenzaprine was being requested for palpable muscle spasms upon examination and Ondansetron was requested for nausea associated with headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole DR 30mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 68.

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

Decision rationale: The patient presents on 10/23/14 with lower back pain rated 9/10 which radiates into the bilateral lower extremities, neck pain rated 8/10, which radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, and bilateral wrist pain rated 4-5/10. The patient also complains of headaches associated with his cervical spine complaint. The patient's date of injury is 07/11/12. Patient is status post lumbar epidural steroid injections at unspecified levels and dates. The request is for LANSOPRAZOLE DR 30MG #120. The RFA is dated 11/05/14. Physical examination dated 10/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, with decreased sensation and tingling in the L4 and L5 dermatomal distributions bilaterally. Cervical spine examination reveals tenderness to palpation of the paraspinal muscles, limited range of motion secondary to pain, positive Spurling's maneuver, and decreased sensation and tingling in the C6 dermatomal distribution bilaterally. Shoulder examination reveals tenderness around the glenohumeral region and subacromial space bilaterally, positive Hawkin's and impingement signs bilaterally, and a painful/decreased range of motion bilaterally in all planes (worse on the right). Wrist examination reveals tenderness over the volar aspect of the bilateral wrists, positive Palmar compression test and Phalen's sign bilaterally, and decreased sensation in the radial digits bilaterally. The patient is currently prescribed Naproxen, Lunesta, Fenopropfen, Sumatriptan, Ondansetron, Cyclobenzaprine, Tramadol, Cidaflex, Norco, Levofloxacin, Methoderm gel, and Terocin patches. Diagnostic imaging was not included, though a lumbar MRI dated 05/14/14 was referenced by the provider as showing: "L3-L4 anterior protrusion actually closer to 4-5mm. one third of the nerve root sleeve is compressed 25% loss of disc space at L4-L5 with 4mm disc protrusion with encroachment on the left foramen..." Patient is currently classified as partially permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the prophylactic treatment with Lansoprazole during oral NSAID therapy, the request is appropriate. It is unclear how long this patient has been prescribed Lansoprazole, as only one progress note was included. However, this progress note states that this patient has a history of stomach upset and epigastric pain secondary to medications, and is currently prescribed two NSAIDs; Naproxen and Fenopropfen. Given this patient's history of gastric upset secondary to NSAID utilization, and the active prescriptions for Fenopropfen and Naproxen, the use of this medication is substantiated. The request IS medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient presents on 10/23/14 with lower back pain rated 9/10 which radiates into the bilateral lower extremities, neck pain rated 8/10, which radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, and bilateral wrist pain rated 4-5/10. The patient also complains of headaches associated with his cervical spine complaint. The patient's date of injury is 07/11/12. Patient is status post lumbar epidural steroid injections at unspecified levels and dates. The request is for ONDANSETRON 8MG #30. The RFA is dated 11/05/14. Physical examination dated 10/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, with decreased sensation and tingling in the L4 and L5 dermatomal distributions bilaterally. Cervical spine examination reveals tenderness to palpation of the paraspinal muscles, limited range of motion secondary to pain, positive Spurling's maneuver, and decreased sensation and tingling in the C6 dermatomal distribution bilaterally. Shoulder examination reveals tenderness around the glenohumeral region and subacromial space bilaterally, positive Hawkin's and impingement signs bilaterally, and a painful/decreased range of motion bilaterally in all planes (worse on the right). Wrist examination reveals tenderness over the volar aspect of the bilateral wrists, positive Palmar compression test and Phalen's sign bilaterally, and decreased sensation in the radial digits bilaterally. The patient's current medication regimen outside of those being requested is not provided. Diagnostic imaging was not included, though a lumbar MRI dated 05/14/14 was referenced by the provider as showing: "L3-L4 anterior protrusion actually closer to 4-5mm one third of the nerve root sleeve is compressed 25% loss of disc space at L4-L5 with 4mm disc protrusion with encroachment on the left foramen..." Patient is currently classified as partially permanently disabled. MTUS guidelines are silent on antiemetic medications, though ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In regard to the request for Ondansetron, this medication is not supported for this patient's chief complaint. It is unclear how long this patient has been prescribed Ondansetron or to what effect, as only one progress note was provided. Antiemetics such as Ondansetron are recommended for use in patients who present with nausea secondary to chemotherapy or radiation, or in patients who experience post-operative nausea. This patient suffers from cervicogenic headaches with a nausea component. Without documentation that this patient presents with conditions for which the use of Ondansetron is considered appropriate, the medical necessity of the requested medication cannot be substantiated. The request IS NOT medically necessary.

Cyclobenzaprine Hydrochloride #120: Upheld

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

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

Decision rationale: The patient presents on 10/23/14 with lower back pain rated 9/10 which radiates into the bilateral lower extremities, neck pain rated 8/10 which radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, and bilateral wrist pain rated 4-5/10. The patient also complains of headaches associated with his cervical spine complaint. The patient's date of injury is 07/11/12. Patient is status post lumbar epidural steroid injections at unspecified levels and dates. The request is for CYCLOBENZAPRINE HYDROCHLORIDE #120. The RFA is dated 11/05/14. Physical examination dated 10/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, with decreased sensation and tingling in the L4 and L5 dermatomal distributions bilaterally. Cervical spine examination reveals tenderness to palpation of the paraspinal muscles, limited range of motion secondary to pain, positive Spurling's maneuver, and decreased sensation and tingling in the C6 dermatomal distribution bilaterally. Shoulder examination reveals tenderness around the glenohumeral region and subacromial space bilaterally, positive Hawkin's and impingement signs bilaterally, and a painful/decreased range of motion bilaterally in all planes (worse on the right). Wrist examination reveals tenderness over the volar aspect of the bilateral wrists, positive Palmar compression test and Phalen's sign bilaterally, and decreased sensation in the radial digits bilaterally. The patient's current medication regimen outside of those being requested is not provided. Diagnostic imaging was not included, though a lumbar MRI dated 05/14/14 was referenced by the provider as showing: "L3-L4 anterior protrusion actually closer to 4-5mm one third of the nerve root sleeve is compressed 25% loss of disc space at L4-L5 with 4mm disc protrusion with encroachment on the left foramen..." Patient is currently classified as partially permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Concerning the request for Flexeril, the provider has specified an excessive duration of therapy. It is unclear how long this patient has been prescribed Flexeril or to what effect, as only one progress note was provided. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 120 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 10/23/14 with lower back pain rated 9/10 which radiates into the bilateral lower extremities, neck pain rated 8/10 that radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, and bilateral wrist pain rated 4-5/10. The patient also complains of headaches associated with his cervical spine complaint. The patient's date of injury is 07/11/12. Patient is status post lumbar epidural steroid injections at unspecified levels and dates. The request is for TRAMADOL ER 150MG #90. The RFA is dated 11/05/14. Physical examination dated 10/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, with decreased sensation and tingling in the L4 and L5 dermatomal distributions bilaterally. Cervical spine examination reveals tenderness to palpation of the paraspinal muscles, limited range of motion secondary to pain, positive Spurling's maneuver, and decreased sensation and tingling in the C6 dermatomal distribution bilaterally. Shoulder examination reveals tenderness around the glenohumeral region and subacromial space bilaterally, positive Hawkin's and impingement signs bilaterally, and a painful/decreased range of motion bilaterally in all planes (worse on the right). Wrist examination reveals tenderness over the volar aspect of the bilateral wrists, positive Palmar compression test and Phalen's sign bilaterally, and decreased sensation in the radial digits bilaterally. The patient's current medication regimen outside of those being requested is not provided. Diagnostic imaging was not included, though a lumbar MRI dated 05/14/14 was referenced by the provider as showing: "L3-L4 anterior protrusion actually closer to 4-5mm one third of the nerve root sleeve is compressed 25% loss of disc space at L4-L5 with 4mm disc protrusion with encroachment on the left foramen..." Patient is currently classified as partially permanently disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Tramadol for the maintenance of this patient's chronic pain, the treater has not provided adequate documentation of 4A's to substantiate use. It is unclear how long this patient has been prescribed Tramadol, as only one progress note was included, in which medications are not addressed. RFA/addendum dated 11/05/14 does not reveal if this is an initiating prescription or a continuing one, though does provide discussion of opiate use in the past, stating: "The use of opioids in the past has decreased similar acute flare ups with the patient demonstrating improvement in function." No further discussion is provided. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no specific documentation of past analgesia, no activity-specific functional improvements, no evidence of urine drug screening at initiation, and no stated lack of aberrant behavior. Without such documentation or evidence that this is an initiating prescription, the request cannot be substantiated. The request IS NOT medically necessary.

Sumatriptan Succinate 25mg #18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Sumatriptan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, triptan.

Decision rationale: The patient presents on 10/23/14 with lower back pain rated 9/10 which radiates into the bilateral lower extremities, neck pain rated 8/10 which radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, and bilateral wrist pain rated 4-5/10. The patient also complains of headaches associated with his cervical spine complaint. The patient's date of injury is 07/11/12. Patient is status post lumbar epidural steroid injections at unspecified levels and dates. The request is for SUMATRIPTAN SUCCINATE 25MG #18. The RFA is dated 11/05/14. Physical examination dated 10/23/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, with decreased sensation and tingling in the L4 and L5 dermatomal distributions bilaterally. Cervical spine examination reveals tenderness to palpation of the paraspinal muscles, limited range of motion secondary to pain, positive Spurling's maneuver, and decreased sensation and tingling in the C6 dermatomal distribution bilaterally. Shoulder examination reveals tenderness around the glenohumeral region and subacromial space bilaterally, positive Hawkin's and impingement signs bilaterally, and a painful/decreased range of motion bilaterally in all planes (worse on the right). Wrist examination reveals tenderness over the volar aspect of the bilateral wrists, positive Palmar compression test and Phalen's sign bilaterally, and decreased sensation in the radial digits bilaterally. The patient's current medication regimen outside of those being requested is not provided. Diagnostic imaging was not included, though a lumbar MRI dated 05/14/14 was referenced by the provider as showing: "L3-L4 anterior protrusion actually closer to 4-5mm one third of the nerve root sleeve is compressed 25% loss of disc space at L4-L5 with 4mm disc protrusion with encroachment on the left foramen..." Patient is currently classified as partially permanently disabled. ODG Guidelines have the following regarding triptans for headaches: ODG Guidelines, Head Chapter, triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." In regard to the request for Sumatriptan, the patient does not present with symptoms indicative of migraine headaches. It is unclear how long this patient has been prescribed Sumatriptan, as only one progress note was provided. This patient has cervicogenic headaches with associated nausea, there is no discussion of other hallmarks of migraine headaches, i.e. aura, hemispheric pain, attack duration/qualities, etc. Additionally, the frequency of these headaches is also unclear. While this patient presents with significant cervicogenic headaches, it is unlikely that such symptoms are amenable to Sumatriptan. Without documentation of additional headache qualities indicative of migraines, the use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.