MAXIMUS Federal Services

Case Number:	CM15-0108511		
Date Assigned:	06/15/2015	Date of Injury:	08/20/2013
Decision Date:	09/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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 was a 36 year old female, who sustained an industrial injury, August 20, 2013.The injured worker previously received the following treatments bilateral wrist braces, chiropractic services, EMG/NCS (electrodiagnostic studies and nerve conduction studies), physical therapy, Fenoprofen and Flexeril. The injured worker was diagnosed with low back pain, cervicalgia, lumbago, hand joint pain and wrist pain and carpal tunnel syndrome. According to progress note of March 24, 2015, the injured workers chief complaint was low back, bilateral wrist and cervical spine pain. The injured worker rated the pain at 7 out of 10. The pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The bilateral wrist pain was rated at 7 out of 10. The pain was aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting. The cervical spine pain was rated at 8 out of 10. The pain was aggravated by repetitive motions of the neck, pulling, pushing, lifting, forward reaching and working at or above the shoulder level. The injured worker was having difficulty with sleeping. The physical exam noted paravertebral muscle tenderness with spasms. The axial loading compression testing was positive. The Spurling's maneuver was positive. The range of motion was limited by pain with normal sensation and strength. The lumbar spine noted palpable paravertebral muscle tenderness with spasms. The seated nerve root testing was positive. The range of motion was restricted and guarded. The bilateral wrist noted tenderness over the volar aspect of the wrist. There was positive palmar compression testing with subsequent Phalen's maneuver. The Tinel's sign was positive over the carpal canal. The range of motion was full and painful. The medications were

helping in curing and relieving the injured worker's symptomology and activities of daily living. The treatment plan included prescriptions for Fenoprofen, Lansoprazole, Ondansetron, Cyclobenzaprine, Tramadol and Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: The patient presents with neck pain radiating to the upper extremities, rated 8/10, pain in the bilateral wrists, rated 7/10, and pain in the low back, rated 7/10, radiating to the bilateral extremities. The request is for Fenoprofen Calcium (Nalfon) 400 MG #50. Physical examination to the cervical spine on 03/24/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Spurling's maneuver was positive. Range of motion was limited. Examination to the lumbar spine revealed tenderness to palpation to the peravertebral muscles with spasm. Range of motion was limited. Examination to the bilateral wrists revealed tenderness to palpation over the volar aspect of the wrists. There was a positive palmar compression; Phalen's and Tinel's tests were positive. Per 05/08/15 Request For Authorization form, patient's diagnosis include cervicalgia, lumbago, joint pain, hand, and wrist pain. Patient's medications, per Primary Treating Physician's Request For Authorization dated 04/20/15 include Fenoprofen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Sumatriptan Succinate. Patient's work status is regular duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. It is not clear how long the patient has been using this medication, as the progress reports did not include a list of patient's medications; only one Primary Treating Physician's Request For Authorization dated 04/20/15 was available. However, review of the medical records indicate that utilization review letter dated 10/09/14 certified Fenoprofen and it can be assumed that the patient has been utilizing this medication at least since then. In this case, the treater has not documented pain reduction or functional improvement resulting from using Fenoprofen. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lansoprazole (Prevacid) delayed release 30mg #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 Page(s): 69.

Decision rationale: The patient presents with neck pain radiating to the upper extremities, rated 8/10, pain in the bilateral wrists, rated 7/10, and pain in the low back, rated 7/10, radiating to the bilateral extremities. The request is for Lansoprazole (Prevacid) delayed release 30 MG #120. Physical examination to the cervical spine on 03/24/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Spurling's maneuver was positive. Range of motion was limited. Examination to the lumbar spine revealed tenderness to palpation to the peravertebral muscles with spasm. Range of motion was limited. Examination to the bilateral wrists revealed tenderness to palpation over the volar aspect of the wrists. There was a positive palmar compression; Phalen's and Tinel's tests were positive. Per 05/08/15 Request For Authorization form, patient's diagnosis include cervicalgia, lumbago, joint pain, hand, and wrist pain. Patient's medications, per Primary Treating Physician's Request For Authorization dated 04/20/15 include Fenoprofen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Sumatriptan Succinate. Patient's work status is regular duties. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not discuss this request. It is not clear how long the patient has been using this medication, as the progress reports did not include a list of patient's medications; only one Primary Treating Physician's Request For Authorization dated 04/20/15 was available. In this case, the treater does not document any gastrointestinal upset or irritation and there is no history of ulcers, either. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request 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 Chapter, Antiemetics (for opioid nausea).

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

Decision rationale: The patient presents with neck pain radiating to the upper extremities, rated 8/10, pain in the bilateral wrists, rated 7/10, and pain in the low back, rated 7/10, radiating to the bilateral extremities. The request is for Ondansetron 8 MG #30. Physical examination to the cervical spine on 03/24/15 revealed tenderness to palpation to the paravertebral muscles with

spasm. Spurling's maneuver was positive. Range of motion was limited. Examination to the lumbar spine revealed tenderness to palpation to the peravertebral muscles with spasm. Range of motion was limited. Examination to the bilateral wrists revealed tenderness to palpation over the volar aspect of the wrists. There was a positive palmar compression; Phalen's and Tinel's tests were positive. Per 05/08/15 Request For Authorization form, patient's diagnosis include cervicalgia, lumbago, joint pain, hand, and wrist pain. Patient's medications, per Primary Treating Physician's Request For Authorization dated 04/20/15 include Fenoprofen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Sumatriptan Succinate. Patient's work status is regular duties. 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." Treater does not discuss this request. It is not clear how long the patient has been using this medication, as the progress reports did not include a list of patient's medications; only one Primary Treating Physician's Request For Authorization dated 04/20/15 was available. In this case, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation. ODG and FDA recommend this medication for acute gastroenteritis, which this patient does not have. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with neck pain radiating to the upper extremities, rated 8/10, pain in the bilateral wrists, rated 7/10, and pain in the low back, rated 7/10, radiating to the bilateral extremities. The request is for Cyclobenzaprine Hydrochloride 7.5 MG #120. Physical examination to the cervical spine on 03/24/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Spurling's maneuver was positive. Range of motion was limited. Examination to the lumbar spine revealed tenderness to palpation to the peravertebral muscles with spasm. Range of motion was limited. Examination to the bilateral wrists revealed tenderness to palpation over the volar aspect of the wrists. There was a positive palmar compression; Phalen's and Tinel's tests were positive. Per 05/08/15 Request For Authorization form, patient's diagnosis include cervicalgia, lumbago, joint pain, hand, and wrist pain. Patient's medications, per Primary Treating Physician's Request For Authorization dated 04/20/15 include Fenoprofen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Sumatriptan Succinate. Patient's work status is regular duties. 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." Treater does not discuss this request. It is not clear how long the patient has been using this medication, as the progress reports did not include a list of patient's medications; only one Primary Treating Physician's Request For Authorization dated 04/20/15 was available. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and 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 Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with neck pain radiating to the upper extremities, rated 8/10, pain in the bilateral wrists, rated 7/10, and pain in the low back, rated 7/10, radiating to the bilateral extremities. The request is for Tramadol ER 150 MG #90. Physical examination to the cervical spine on 03/24/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Spurling's maneuver was positive. Range of motion was limited. Examination to the lumbar spine revealed tenderness to palpation to the peravertebral muscles with spasm. Range of motion was limited. Examination to the bilateral wrists revealed tenderness to palpation over the volar aspect of the wrists. There was a positive palmar compression; Phalen's and Tinel's tests were positive. Per 05/08/15 Request For Authorization form, patient's diagnosis include cervicalgia, lumbago, joint pain, hand, and wrist pain. Patient's medications, per Primary Treating Physician's Request For Authorization dated 04/20/15 include Fenoprofen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Sumatriptan Succinate. Patient's work status is regular duties. MTUS Guidelines pages 88 and 89 states, "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 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. It is not clear how long the patient has been using this medication, as the progress reports did not include a list of patient's medications; only one Primary Treating Physician's Request For Authorization dated 04/20/15 was available. Review of the medical records indicate that utilization review letter dated 07/29/14 certified Tramadol and it can be assumed that the patient has been utilizing this

medication at least since then. However, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Sumatriptan succinate 25mg #9: 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), Head Chapter, Triptans.

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

Decision rationale: The patient presents with neck pain radiating to the upper extremities, rated 8/10, pain in the bilateral wrists, rated 7/10, and pain in the low back, rated 7/10, radiating to the bilateral extremities. The request is for Sumatriptan Succinate 25 MG #9. Physical examination to the cervical spine on 03/24/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Spurling's maneuver was positive. Range of motion was limited. Examination to the lumbar spine revealed tenderness to palpation to the peravertebral muscles with spasm. Range of motion was limited. Examination to the bilateral wrists revealed tenderness to palpation over the volar aspect of the wrists. There was a positive palmar compression; Phalen's and Tinel's tests were positive. Per 05/08/15 Request For Authorization form, patient's diagnosis include cervicalgia, lumbago, joint pain, hand, and wrist pain. Patient's medications, per Primary Treating Physician's Request For Authorization dated 04/20/15 include Fenoprofen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Sumatriptan Succinate. Patient's work status is regular duties. ODG Guidelines have the following regarding triptans for headaches: ODG Guidelines, Head Chapter, under Triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." Treater does not discuss this request. It is not clear how long the patient has been using this medication, as the progress reports did not include a list of patient's medications; only one Primary Treating Physician's Request For Authorization dated 04/20/15 was available. In regard to the request for Sumatriptan Succinate, this medication is indicated for headaches, which the patient does not present with. There are no documents indicative of patient complaining from headaches. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.