

Case Number:	CM15-0012387		
Date Assigned:	01/29/2015	Date of Injury:	02/28/2011
Decision Date:	04/03/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 56 year-old male who has reported neck and back pain after an injury on 2/28/11. The diagnoses have included cervicalgia and lumbosacral neuritis. The treating physician has been seeing this injured worker monthly for medication refills. Each of the reports refers to medication refills but does not discuss or name any medication. The dispensing physician reports provided for review are from 7/16/14 to 10/20/14. The 12/29/14 Utilization Review also summarized and discussed a report of 11/24/14 and a subsequent medication request of 12/8/14. The reports from 7/16/14 to 10/20/14 document ongoing neck pain, 4/10, and 8/10 low back pain. The blood pressure is consistently elevated. There was local tenderness and spasm, with radicular signs in the lower extremities. The treatment plans included multiple specialist referrals, including one for hypertension. There was no work status and no discussion of any specific medications. There was a brief mention of "associated headaches that are migrainous in nature" at each visit, with no further details or mention of treatment. Per the Utilization Review summary of the 11/24/14 report, the same information was again presented. On 12/29/14 Utilization Review partially-certified Fenoprofen, for #90 of the prescribed 400 mg TID #120, and non-certified Omeprazole #120, Sumatriptan 25 mg #9 times two, and Ondansetron 8 mg #30. Cyclobenzaprine and tramadol were certified. The MTUS and the Official Disability Guidelines were cited by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400 mg, one TID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, NSAIDS Page(s): 60, 67-73.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Function and work status are not addressed. No reports address this medication. Systemic toxicity is possible with non-steroidal anti-inflammatory agents (NSAIDs). The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Even though the blood pressure remains elevated, the treating physician has not addressed the ongoing dispensing of this NSAID in this context. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs chronically, which is counter to the recommendations of the MTUS for treatment of back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. These requirements are not met in this case. Fenoprofen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Omeprazole 20 mg one Q12H PRN #120: Upheld

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

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

Decision rationale: There are no medical reports which describe the relevant signs and symptoms of possible gastrointestinal disease, the indications for this medication, or which even mention this medication. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton

pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Sumatriptan succinate 25 mg #9 times two, one at onset of headache and repeat two hours later if needed, no more than four a day: 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 (ODG) Head chapter, triptans.

Decision rationale: The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. None of the reports mention this medication. There is no evidence of any benefit, functional or symptomatic. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.

Ondansetron 8 mg ODT, one PRN #30, no more than 2 a day: Upheld

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

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, Antiemetics (for opioid nausea).

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication per the available reports, and the only apparent indication is for nausea possibly related to chronic opioid intake (although this is speculation because the reports do not even mention this medication). The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the ondansetron is therefore not medically necessary.