

Case Number:	CM15-0136729		
Date Assigned:	08/10/2015	Date of Injury:	02/01/2011
Decision Date:	10/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: New York
 Certification(s)/Specialty: Pediatrics, 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 34-year-old, female who sustained a work related injury on 2-1-11. The diagnoses have included cervical discopathy with radiculitis, lumbar discopathy with radiculitis, carpal tunnel syndrome-double crush, and right shoulder impingement syndrome. Treatments have included oral medications. In the Primary Physician's Re-Evaluation and Progress Report dated 6-16-15, the injured worker reports sharp, constant cervical spine pain with radiation of pain into both arms with numbness and tingling. This pain is made worse by repetitive motions of the neck, pushing, pulling, forward reaching and working at or above the shoulder level. He has associated migraine type headaches and tension between the shoulder blades. He reports pain is unchanged. He rates this neck pain a 7 out of 10. He reports sharp, constant low back pain with radiating pain in both legs. Pain is made worse by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. This pain is unchanged. He rates this pain level a 7 out of 10. He has frequent pain in the right shoulder. This is made worse with forward reaching, lifting, pushing, pulling and working at or above shoulder level. This pain is unchanged. He rates this pain a 7 out of 10. He has throbbing, frequent bilateral wrist pain. This pain is made worse with repetitive motions, gripping, grasping, pushing, pulling and lifting. This pain is unchanged. He rates this pain level a 5 out of 10. He is having difficulty sleeping due to pain. On physical exam, he has palpable cervical paravertebral muscle tenderness with spasm. Axial loading compression test is positive. Spurling's maneuver is positive. Cervical range of motion is limited by pain. He has numbness and tingling into lateral forearm and hand, which correlates with a C6-C7 dermatome pattern. He has 4 out of 5 muscle strength. Triceps reflexes are asymmetric. There is tenderness around the right anterior glenohumeral region and

subacromial space. Hawkin's and impingement signs are positive. Rotator cuff function appears intact but painful. Right shoulder range of motion brings on symptoms with internal rotation and forward flexion. There is tenderness over the volar aspect of both wrists. There is a positive palmar compression test with Phalen's maneuver. Tinel's sign is positive over carpal canal in both wrists. He has tenderness to palpation over lumbar paravertebral muscles with spasm. Seated nerve root test is positive. Lumbar range of motion with standing flexion and extension is guarded and restricted. There is numbness and tingling in the lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot, which correlates to an L5-S1 dermatomal pattern. He is partially disabled. Working status unclear. The treatment plan includes requests for MRIs of the lumbar and cervical spine and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumentone (Relafen) 750mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Per CA MTUS guidelines, NSAIDS, such as Nabumetone (Relafen), are recommended at the lowest dose for the shortest period of time for a client who has moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)." Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. He has been taking this medication for an undetermined length of time. There is no dosing or frequency noted for taking this medication. There are no changes in pain levels, no documentation noted that this medication is helping pain or documentation to note if it is improving his functional capabilities. Therefore, the request for Nabumetone is not medically necessary.

Lansoprazole (Prevacid) delayed-release capsules 30mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per CA MTUS guidelines, Lansoprazole (Prevacid) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. He has been on this medication for an undetermined length of time. "Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds

ratio 1.44)." He does not have any gastrointestinal complaints. Because of the possible long-term use of NSAIDs and opioids, long-term use of Lansoprazole is not recommended. Therefore, the requested treatment of Lansoprazole is not medically necessary.

Ondansetron 8mg orally disintegrating tablets quantity 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 (ODG) Pain - Ondansetron (Zofran®).

Decision rationale: MTUS and ACOEM are silent on the use of Ondansetron. Per ODG, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. The IW is using the Ondansetron for nausea and vomiting related to ongoing headaches. This does not meet guideline requirements not is it an FDA approved indication. The request is not medically necessary and appropriate.

Cyclobenzaprine Hydrochloride 7.5mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by ██████████ ██████████." Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long-term use of Cyclobenzaprine is not recommended. He has been taking this medication for an undetermined amount of time. There is insufficient documentation on the effectiveness of muscle spasms relief with the use of Cyclobenzaprine. Since long term, use of Cyclobenzaprine is not recommended and lack of documentation on muscle spasm relief, the request for Cyclobenzaprine is not medically necessary.

Tramadol extended release 150mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation:

dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Per the CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. It is noted that the injured worker has been on this medication for an undetermined length of time. Documentation does not include a toxicology screen. There is not much of a decrease of pain levels or improved functional capabilities. Working status is unknown. Since there is not much of a decrease in pain levels, a change in overall pain or an improvement in functional capabilities, the requested treatment of Tramadol is not medically necessary.

Sumatriptan Succinate 25mg quantity 9 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Imitrex® (sumatriptan).

Decision rationale: MTUS and ACOEM are silent on the use of triptans. Per ODG, triptans are recommended for migraine sufferers. The documentation notes that the IW suffers from headaches due to cervical pain. The headaches are described as migrainous but there is no specific description of the headache syndrome nor the response to the triptans. The request is not medically necessary and appropriate.