

Case Number:	CM15-0149446		
Date Assigned:	08/14/2015	Date of Injury:	04/01/2014
Decision Date:	09/28/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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 61 year old female, who sustained an industrial injury on April 1, 2014. The injured worker was diagnosed as having shoulder joint derangement. Treatment to date has included medication, surgery, therapy and gym exercise program. A progress note dated June 11, 2015 provides the injured worker complains of right shoulder pain rated 4 out of 10. She reports the pain is improving and range of motion (ROM) is improving with pool exercise. She also reports right hand swelling with numbness and difficulty sleeping. Physical exam notes right shoulder well healed surgical scar, tenderness to palpation, decreased range of motion (ROM) with weakness and swelling. There is right elbow tenderness to palpation, positive Tinel's sign over the carpal tunnel area and full painful range of motion (ROM) with swelling of the hand. The plan includes refill of medication and continued gym exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Anti-emetics (for opioids 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 Anti-emetics (for opioid nausea).

Decision rationale: The patient was injured on 04/01/14 and presents with right shoulder pain. The request is for Ondansetron 8 MG #30. There is no RFA provided and the patient is on modified work duty. There is no indication of when the patient began taking this medication nor do any of the reports mention it. MTUS guidelines are silent on anti-emetic medications, though ODG Guidelines, Pain (Chronic) Chapter, under Anti-emetics (for opioid nausea) states "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." The patient's right shoulder has tenderness to palpation and a decreased range of motion with weakness and swelling. She is diagnosed with shoulder joint derangement. In this case, none of the reports provided indicate how Ondansetron has impacted the patient's pain and function. The treater has not indicated that the patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the requested Ondansetron is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

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

Decision rationale: The patient was injured on 04/01/14 and presents with right shoulder pain. The request is for Cyclobenzaprine Hydrochloride 7.5 MG #120. There is no RFA provided and the patient is on modified work duty. There is no indication of when the patient began taking this medication nor do any of the reports mention it. MTUS Guidelines, Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, Metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient's right shoulder has tenderness to palpation and a decreased range of motion with weakness and swelling. She is diagnosed with shoulder joint derangement. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. It is unknown when the patient began taking this medication. The requested 120 tablets of Cyclobenzaprine exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Cyclobenzaprine is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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 was injured on 04/01/14 and presents with right shoulder pain. The request is for Tramadol ER 150 MG #90. There is no RFA provided and the patient is on modified work duty. There is no indication of when the patient began taking this medication nor do any of the reports mention it. 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. The patient is diagnosed with shoulder joint derangement. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.