

Case Number:	CM15-0083794		
Date Assigned:	05/06/2015	Date of Injury:	09/20/2009
Decision Date:	07/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male with an industrial injury date 9/20/2009. The injured worker's diagnoses include multilevel cervical discopathy with radiculitis, lumbar discopathy/radiculitis and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment consisted of medications. In a progress note dated 3/10/2015, the injured worker reported constant pain in the cervical spine with radiation into the upper extremities and low back with radiation of pain into the lower extremities. The injured worker rated pain a 7/10. Objective findings revealed paravertebral muscle tenderness with spasm of the cervical spine and lumbar spine. Axial loading compression test, Spurling's maneuver and seated root test were all positive. The treating physician reported limited cervical range of motion with pain and guarded restricted lumbar range of motion. The treating physician prescribed Fenoprofen calcium 400mg #120, Omeprazole 20mg #120, Ondansetron 8mg #30, Cyclobenzaprine Hydrochloride 7.5mg #120 and Tramadol ER 150mg #90 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-71.

Decision rationale: The injured worker sustained a work related injury on 9/20/2009. The medical records provided indicate the diagnosis of multilevel cervical discopathy with radiculitis, lumbar discopathy/radiculitis and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment consisted of medications. The medical records provided for review do not indicate a medical necessity for Fenoprofen Calcium 400mg #120. Fenoprofen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the short term treatment of moderate to severe pain. The medical records indicate the injured worker pain has worsened despite the use of this medication. The MTUS recommends discontinuation of a modality of treatment later assessment indicates it is ineffective. The request is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The injured worker sustained a work related injury on 9/20/2009. The medical records provided indicate the diagnosis of multilevel cervical discopathy with radiculitis, lumbar discopathy/radiculitis and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment consisted of medications. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #120. Omeprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events when they are on treatment with NSAIDs. The medical records indicate the injured worker has a history of gastrointestinal upset to NSAID. Nevertheless, the medication is not medically necessary because the NSAID has been determined to be 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 and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Medscape: ondansetron (Rx<http://reference.medscape.com/drug/zofran-zuplenz-ondansetron-3420522>). Official Disability Guidelines (ODG), Pain (Chronic), Ondansetron (Zofran®).

Decision rationale: The injured worker sustained a work related injury on 9/20/2009. The medical records provided indicate the diagnosis of multilevel cervical discopathy with radiculitis, lumbar discopathy/radiculitis and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment consisted of medications. The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg #30. Ondansetron is a medication used in treatment of nausea and vomiting. The MTUS is silent on it, but Medscape states it is used for as a prophylaxis for Postoperative Nausea & Vomiting , Radiation-Induced Nausea & Vomiting; Cholestatic Pruritus; Spinal Opioid-Induced Pruritus (Off-label); and Rosacea (Off-label); Hyperemesis Gravidarum. The medical records indicate it is being prescribed for nausea associated with headache caused by neck pain. Such indication is not listed as one of the uses. Also, the Official Disability Guidelines recommends against using it for opioid induced nausea and vomiting. 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. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 9/20/2009. The medical records provided indicate the diagnosis of multilevel cervical discopathy with radiculitis, lumbar discopathy/radiculitis and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment consisted of medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hydrochloride 7.5mg #120. Cyclobenzaprine is a muscle relaxant with the recommended dosing of 5-10 mg three times daily for not more than 2-3 weeks. The MTUS recommends 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 requested treatment exceeds the recommended duration, besides, there is no indication the injured worker has acute exacerbations of chronic low back pain. The request is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/20/2009. The medical records provided indicate the diagnosis of multilevel cervical discopathy with radiculitis, lumbar discopathy/radiculitis and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment consisted of medications. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg #90. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid

maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not clear from the medical records how long the injured worker has been on this medication; nevertheless, the records indicate the pain has been worsening; the injured worker is not properly monitored for activities of daily living, adverse effects, and aberrant behavior. The request is not medically necessary.