

Case Number:	CM15-0089460		
Date Assigned:	05/13/2015	Date of Injury:	04/14/1998
Decision Date:	07/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency 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 48-year-old female, who sustained an industrial injury on April 14, 1998. Treatment to date has included acupuncture therapy, back surgery, spinal cord stimulator, medications and heat therapy. Currently, the injured worker complains of neck, bilateral arm and bilateral leg symptoms. She reports pain in her right arm and numbness to the bilateral hands. The injured worker notes that she has burning pains to both hands and cramping in the bilateral calves. She rates her pain a 7-8 on a 10-point scale. Self-massage and heating pads help to decrease the frequency of the cramping. She has bilateral upper extremity pain, which extends to her neck and right arm. She reports aching pain in the neck, which is stabbing and burning in nature and has cramping of the bilateral hands. She reports that she is severely limited due to pain and uses a cane and occasionally a wheelchair for ambulation. The diagnoses associated with the request include complex regional pain syndrome, global muscular atrophy secondary to misuse, chronic back pain. The treatment plan includes Omeprazole, Ondansetrom, Naproxen Sodium for inflammation and pain control, Lyrica, Norco, Ambien, Lidoderm patch, Oxycontin, Lidoderm Cream, Cymbalta, physical therapy, pain psychologist, right elbow peripheral artery disease and left wrist phalangeal extension brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran®).

Decision rationale: The requested Ondansetron 4mg #50 is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note, "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has neck, bilateral arm and bilateral leg symptoms. She reports pain in her right arm and numbness to the bilateral hands. The injured worker notes that she has burning pains to both hands and cramping in the bilateral calves. She rates her pain a 7-8 on a 10-point scale. Self-massage and heating pads help to decrease the frequency of the cramping. She has bilateral upper extremity pain, which extends to her neck and right arm. She reports aching pain in the neck, which is stabbing and burning in nature and has cramping of the bilateral hands. She reports that she is severely limited due to pain and uses a cane and occasionally a wheelchair for ambulation. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Ondansetron 4mg #50 is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

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

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

Decision rationale: The requested Naproxen Sodium 550mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has neck, bilateral arm and bilateral leg symptoms. She reports pain in her right arm and numbness to the bilateral hands. The injured worker notes that she has burning pains to both hands and cramping in the bilateral calves. She rates her pain a 7-8 on a 10-point scale. Self-massage and heating pads help to decrease the frequency of the cramping. She has bilateral upper extremity pain, which extends to her neck and right arm. She reports aching pain in the neck, which is stabbing and burning in nature and has cramping of the bilateral hands. She reports that she is severely limited due to pain and uses a cane and occasionally a wheelchair for ambulation. The treating physician has not documented current inflammatory conditions, duration of treatment, derived

functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium 550mg #60 is not medically necessary.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The requested Lyrica 75mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of neuropathy and postherpetic neuralgia. The injured worker has neck, bilateral arm and bilateral leg symptoms. She reports pain in her right arm and numbness to the bilateral hands. The injured worker notes that she has burning pains to both hands and cramping in the bilateral calves. She rates her pain a 7-8 on a 10-point scale. Self-massage and heating pads help to decrease the frequency of the cramping. She has bilateral upper extremity pain, which extends to her neck and right arm. She reports aching pain in the neck, which is stabbing and burning in nature and has cramping of the bilateral hands. She reports that she is severely limited due to pain and uses a cane and occasionally a wheelchair for ambulation. The treating physician has not documented derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75mg #90 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68, 66, 99.

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

Decision rationale: The requested Omeprazole 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck, bilateral arm and bilateral leg symptoms. She reports pain in her right arm and numbness to the bilateral hands. The injured worker notes that she has burning pains to both hands and cramping in the bilateral calves. She rates her pain a 7-8 on a 10-point scale. Self-massage and heating pads help to decrease the frequency of the cramping. She has bilateral upper extremity pain, which extends to her neck and right arm. She reports aching pain in the neck,

which is stabbing and burning in nature and has cramping of the bilateral hands. She reports that she is severely limited due to pain and uses a cane and occasionally a wheelchair for ambulation. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.