

Case Number:	CM14-0115419		
Date Assigned:	08/04/2014	Date of Injury:	07/19/2010
Decision Date:	10/20/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65 year old male who was injured on 07/19/2010. The mechanism of injury is unknown. Primary treating physician's re-evaluation and progress report dated 09/25/2013 noted the patient was following secondary to increasing symptomatology in his lumbar spine with extension into lower extremities. It was also reported "the symptomatology in the patient's bilateral shoulders, bilateral knees, and bilateral feet has not changed significantly." Exam revealed tenderness of the shoulders anteriorly. Positive Hawkin's and impingement signs were noted. There was pain documented with terminal motion with limited range of motion. Lumbar spine exam revealed pain and tenderness across the iliac crest into the lumbosacral spine. Standing flexion and extension were guarded and restricted. Radicular pain component in the left lower extremity was noted in what appeared to be the L5-S1 distributions. Knee exam revealed tenderness "at the joint line." Pain was noted with terminal flexion. Exam of feet revealed tenderness at the plantar aspect of the heel consistent with plantar fasciitis on the left. Pain with forced dorsiflexion was noted on the right. Listed diagnoses included: 1) Status post bilateral knee arthroscopic surgery with degenerative joint disease; 2) Bilateral shoulder impingement, rule out rotator cuff pathology/radiculitis; 3) "Multilevel lumbar discopathy with radiculitis with anterolisthesis [sic] at L3-L4."; 4) Bilateral plantar fasciitis. Progress report dated 05/30/2014 is handwritten, and due to a combination of poor penmanship and low-quality facsimile, it is difficult to decipher in its entirety. It was reported the patient complained of constant lumbar spine, right ankle/foot, and shoulder pain. On exam, there was tenderness of the cervical spine, shoulder and AC joint, lumbar spine, and right ankle. There was decreased range of motion of unspecified joint(s), positive straight leg raise of unspecified lower extremity, and positive impingement of an unspecified joint. No diagnoses were listed. According to the UR, the patient was noted to have nausea associated with headaches and noted the patient was prescribed

Naproxen which could lead to GI upset. The patient did complain of GI upset and complaints while utilizing NSAIDS in the past. There are no other reports available for review. Prior utilization review dated 07/14/2014 states the requests for Omeprazole 20mg orally every 12 hours as needed for upset stomach #120; Ondansetron 8mg as needed for upset stomach no more than 2 X day #30; Orphenadrine Citrate orally 8 hours as needed for pain and spasm #120; and Diclofenac Sodium ER (Voltaren SR) 100mg orally as needed for pain #120 are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg orally every 12 hours as needed for upset stomach #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) recommend evaluating patients at risk for gastrointestinal event. Criteria include: 1) Age > 65 years; 2) History of peptic ulcer, GI bleeding or perforation; 3) Concurrent use of ASA, corticosteroids, and/or anticoagulant; 4) High dose/Multiple NSAID. Medical records indicate that Mr. Menchaca is 65 years of age. Given that I am approving the request for authorization for Diclofenac (see below), and based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Ondansetron 8mg as needed for upset stomach no more than 2 X day #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 (ODG) Pain, Anti-Emetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-Emetics.

Decision rationale: Ondansetron is an anti-emetic. The Official Disability Guidelines (ODG) state that Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation, and for post-operative pain. Acute use is FDA approved for treatment of gastroenteritis. ODG notes that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. The provided medical records do not provide any appropriate clinical indication for the use of Ondansetron. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Orphenadrine Citrate orally 8 hours as needed for pain and spasm #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

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

Decision rationale: Orphenadrine is an antispasmodic muscle relaxer with actions similar to diphenhydramine, with stronger anticholinergic effects. Mode of action is not clearly understood. The Medical Utilization Treatment Schedule (MTUS) recommends the use of muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. Of note, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. There appears to be no additional benefit beyond NSAIDs, and efficacy appears to diminish over time. The request for Diclofenac, also reviewed today, has been deemed medically necessary. Therefore, given she has just been approved for an NSAID, and given the likely lack of benefit of muscle relaxants beyond those provided by NSAIDs, based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Diclofenac Sodium ER (Voltaren SR) 100mg orally as needed for pain #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) note that non-steroidal anti-inflammatories (NSAIDs) are recommended for patients at the lowest dose and for the shortest duration necessary to provide adequate relief in patients with moderate to severe pain related to osteoarthritis. NSAIDs appear to be superior to Acetaminophen in patients with moderate to severe pain. No evidence exists to recommend one drug in the class above another from a pain alleviation standpoint, as all appear to have similar efficacy to one another. Specific recommendations should instead be based upon side-effect risk. MTUS recommends NSAIDs as a second line after acetaminophen in the treatment of acute exacerbations of chronic back pain. NSAIDs are recommended as an option for short-term relief of symptoms associated with chronic low back pain. Regarding treatment of long-term neuropathic pain, evidence is mixed for the use of NSAIDs. It may, however, be useful for the treatment of breakthrough pain and pain due to mixed conditions such as in osteoarthritis combined with neuropathic pain. The medical records document presence of osteoarthritis of the knees ("degenerative joint disease"). Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.