

Case Number:	CM14-0117716		
Date Assigned:	08/06/2014	Date of Injury:	10/13/2011
Decision Date:	09/30/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/25/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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 43-year-old male with a date of injury of 10/13/2011. The listed diagnoses per [REDACTED] are: 1. Cervicalgia.2. Lumbago.3. Carpal tunnel syndrome.4. Cubital tunnel syndrome. According to progress report 06/25/2014, the patient presents with cervical spine pain that is aggravated by repetitive motions of the neck. There is radiation of pain into the upper extremities and associated headaches. Pain is rated as 7/10. The patient also complains of persistent pain in the elbows, bilateral wrist, and lower back. Work status dated 04/30/2014 notes the patient is to return to modified work. This is a retrospective request for medication Naproxen 550 mg #120, Omeprazole 20 mg #120, Orphenadrine ER 100 mg #120, Tramadol ER 150 mg #90, Terocin patches #30, and Ondansetron 8 mg #30 for DOS 06/18/2014. Utilization review denied the request on 07/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen Sodium 550mg #120 for DOS 6/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 60,61,22,67,68.

Decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow pain. The provider is requesting a refill of naproxen sodium 550 mg #120 DOS 06/18/2014. For anti-inflammatory medication, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first-line of treatment to reduce pain, so activity of functional restoration can resume but long-term use may not be warranted." In this case, the provider has prescribed this medication since February 2012. Review of reports from 12/04/2013 through 06/25/2014 does not provide a discussion regarding the efficacy of this medication. MTUS page 60 requires pain assessment and functional changes when medications are used for chronic pain. Therefore, this request is not medically necessary.

Retrospective request for Omeprazole 20mg #120 for DOS 6/18/2014: Upheld

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

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

Decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow pain. This is a retrospective request for Omeprazole 20 mg #120 DOS 06/18/2014. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking concurrently Naproxen and Omeprazole since at least 2013. The patient has been taking NSAID on a long term basis, but the provider does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Therefore, this request is not medically necessary

Retrospective request for Orphenadrine ER 100mg #120 for DOS 6/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow pain. This is a retrospective request for Orphenadrine ER 100 mg #120 DOS 06/18/2014. Orphenadrine is a muscle relaxant also called Norflex, similar to Flexeril. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. Review of the medical file indicates the patient has been prescribed this muscle relaxant since February of 2014. Therefore, this request is not medically necessary.

Retrospective request for Tramadol HCL ER 150mg #90 for DOS 6/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow pain. This is a retrospective request for Tramadol HCL ER 150 mg #90 DOS 06/18/2014. MTUS Guidelines pages 88 and 89 states, "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 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. Review of the medical file indicates the patient has been prescribed Tramadol since at least February of 2014. Review of subsequent reports provides no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, this request is not medically necessary.

Retrospective request for Terocin Patches #30 for DOS 6/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow pain. This is a retrospective request for Terocin patches #30 DOS 06/18/2014. The MTUS Guidelines page 112 states under Lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The requested Terocin patches are not medically necessary.

Retrospective request for Ondansetron ODT 8mg #30 for DOS 6/18/2014: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Zofran (Ondansetron).

Decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow pain. This is a retrospective request for Ondansetron ODT 8 mg #30 DOS 06/18/2014. The MTUS and ACOEM Guidelines do not discuss Zofran, however, ODG Guidelines has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use; recommended for acute use as noted below for FDA-approved indications. 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." Review of the medical file indicates the patient has nausea secondary to the use of Cyclobenzaprine. It appears the provider is recommending this medication for nausea, vomiting due to medication usage. The ODG Guidelines do not support the use of Ondansetron for medication-induced nausea. Therefore, this request is not medically necessary.