

Case Number:	CM14-0124256		
Date Assigned:	09/25/2014	Date of Injury:	10/17/2011
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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:

This is a 52-year-old female patient who sustained an industrial injury on 10/17/2011. Diagnoses are trigger finger and cervicalgia. Previous treatment has included physical therapy, carpal tunnel release bilaterally, medications, injections and diagnostic imaging. Progress note dated 07/22/14 revealed the patient presented reporting constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. There was radiation of pain into the upper extremities and associated headaches that are migrainous in nature as well as tension between the shoulder blades. It was reported the pain is worsening and was rated at 8/10. The patient also reports frequent pain in the bilateral wrist/hand aggravated by repetitive motions, gripping, grasping, pushing and pulling as well as lifting. Pain was rated at 6/10. Objective findings revealed range of motion limited secondary to pain. There was cervical paravertebral muscle tenderness with spasm and positive axial loading compression test. Spurling's maneuver was positive. There was tingling numbness into the anterolateral shoulder and arm as well as lateral forearm and hand correlating with C5 and C6 dermatomal pattern. Strength was 4/5 in the deltoid and biceps as well as wrist extensors and biceps. There is tenderness over the volar aspect of the wrist and A1 pulley ring and pinky ease with triggering. There was positive palmar compression test with subsequent Phalen maneuver. Tinel sign was also positive over the carpal canal. Range of motion was full but painful. There was diminished sensation in the radial digits. Physical therapy was recommended and medications were refilled. Utilization review performed on 07/10/14 non-certified requests for Voltaren SR 100 mg #120, orphenadrine citrate ER 100 mg #120, ondansetron ODT tablets 8 mg #60, omeprazole capsules 20 mg #120, and tramadol hydrochloride ER 150 mg #90. Voltaren SR was non-certified secondary to this medication

being listed as a "N" drug on the ODT formulary. There is no documentation of failed "Y" drugs in this class or documentation indicating that this medication is more beneficial to the claimant than a "Y" drug. Orphenadrine Citrate ER was non-certified as ODG recommend short-term use (less than 2 weeks) or muscle relaxants. This medication is also listed as a "N" drug on the ODG formulary and there was no documentation of failed "Y" drugs or any documentation that this medication is more beneficial than a "Y" drug listed on the formulary. Ondansetron was non-certified as O TG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. There is no documentation of ongoing complaints of nausea or vomiting. Omeprazole was not certified as there was no documentation of gastrointestinal complaints and the requested NSAID medication was denied. Tramadol ER was non-certified as there was no current pain level documented that would present severe pain and would need an opioid level of analgesia. There is no documented pain relief or functional benefit, nor was a urine drug screen provided for review indicating appropriate medication monitoring, no risk assessment profile documented, and no documentation of attempts at weaning/tapering or a signed pain contract. It was noted this medication had previously been certified indicating the missing information would be required to support future requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren SR 100mg #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 (non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommended non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient has chronic pain from an injury sustained in 2011. Long-term use of NSAIDs is not recommended. The medical records do not clearly establish when this medication was started or duration of treatment; however, it does appear the patient has been taking NSAIDs for several years. Documentation does not identify significant pain relief or functional benefit as a result of NSAID use (patient continues to report pain levels of 8/10). The request does not specify frequency of dosing. The request for Voltaren SR 100mg #120 is not medically necessary and is not medically necessary and appropriate.

Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Pain Procedure Summary

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Duration of use is not supported for longer than 2-4 weeks duration. There is no significant functional benefit noted with use of muscle relaxants in this case and no evidence of measurable pain relief, as the patient continues to report pain levels of 8/10. As there is no indication this patient is currently experiencing an acute flareup of symptoms, and date of injury is noted to be in 2011, ongoing use of muscle relaxants is not supported by guidelines criteria. Frequency of dosing is not specified in the request. The request for Orphenadrine Citrate ER 100mg #120 is not medically necessary and appropriate.

Ondansetron 8mg #60: 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)-TWC Pain Procedure Summary ; Mosby's Drug Consult

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

Decision rationale: The Official Disability Guidelines (ODG) guidelines indicate antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is indicated to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer (chemotherapy or radiation). Documentation does not describe recent surgery or treatment for cancer and there is no recent documentation of nausea or vomiting. Frequency of dosing is not specified in request. Ondansetron 8mg #60 is not medically necessary and is not medically necessary and appropriate.

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 and Gastrointestinal Complaints Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) indicates "Clinicians should weight the indications for non-steroidal anti-inflammatory drugs (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)." Medical documentation provided for review does not support the need for PPI therapy. Documentation does not describe current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modification, and documentation does not describe risk factors for GI bleed to warrant prophylaxis. The patient is not over age 65, and is not on multiple/high dose NSAIDs. The current request does not specify frequency of dosing. Omeprazole 20mg #120 is not medically necessary and appropriate.

Tramadol HCL ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores, and no indication of significant functional benefit or return to work. The patient continues to report high pain levels of 8/10, which would suggest a lack of efficacy. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Frequency of dosing is not specified. Tramadol HCL ER 150mg #90 is not medically necessary and appropriate.