

Case Number:	CM14-0139524		
Date Assigned:	09/05/2014	Date of Injury:	12/11/2012
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 injured worker is a 34-year-old female who reported injury on 12/11/2012 due to continuous trauma. The injured worker has diagnoses of cervical discopathy/cervicalgia, internal derangement of the right shoulder, lumbar discopathy, cubital tunnel syndrome, carpal tunnel/double crush syndrome, and left knee sprain with Baker's cyst. Past medical treatment consists of physical therapy and medication therapy. Medications include Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Medrox and Tramadol. The injured worker underwent an MRI of the lumbar spine. The injured worker complained of constant pain in the upper extremities. Physical examination revealed that the pain rate was an 8/10. Examination of the cervical spine revealed that there was palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test was noted. Range of motion was limited with pain. Sensation and motor strength were normal. Examination of the right shoulder revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were positive. Rotator cuff function appeared to be intact with pain. Range of motion was decreased with internal rotation and forward flexion. Examination of the upper extremities revealed tenderness at the elbows and wrists. There was a positive Tinel's at the elbow. There was positive Tinel's and Phalen's sign at the wrist. Range of motion was terminal flexion with pain. The injured worker demonstrated a weak grip. There was no clinical evidence of instability. The injured worker did demonstrate diminished sensation in the radial and ulnar digits. The treatment plan is for the injured worker to undergo an MRI of the cervical spine and to continue with medication therapy. The provider feels that the medications are necessary to help manage pain levels of the injured worker. The request for authorization form was submitted on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #100 DOS 6/25/13: Upheld

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

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

Decision rationale: The request for Naproxen sodium 550 mg is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular or renovascular risk factors. Injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines state, naproxen is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and shortest duration of time. The submitted reports dated back to 12/2013 show that the injured worker had been taking Naproxen. Long-term use of Naproxen in people with osteoarthritis has them at high risk for developing NSAID induced gastric or duodenal ulcers. The guidelines also recommend that Naproxen be given at its lowest effective dose, which is 250 mg, given that the request is for 550 mg it exceeds the MTUS Guidelines. Furthermore, the frequency and duration were not submitted in the request. The efficacy of the medication was not provided to support continuation. As such, the request for Naproxen 550 mg is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120 DOS 6/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine is not medically necessary. The California MTUS Guidelines only recommend Flexeril as an option using a short course of therapy. The effect is greatest in its first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with the treatment for 2 to 3 weeks for symptom improvement with lower back pain and is associated with drowsiness and dizziness. The evidence submitted in the reports noted that the injured worker had been on Flexeril since at least 12/2013, exceeding the recommendations of the MTUS Guidelines for short term use. Efficacy of the medication was also not provided in the submitted documentation. Furthermore, the

frequency and duration of the medication was not submitted for review. As such, the request for Cyclobenzaprine is not medically necessary.

Ondansetron ODT 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)

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

Decision rationale: The request for Ondansetron is not medically necessary. The Official Disability Guidelines state that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short-term duration (less than 4 weeks) and have limited application to long term use. Given the above, the injured worker is not within the ODG. The submitted report also did not indicate that the injured worker was suffering from nausea. Furthermore, it was indicated in the submitted documentation that the injured worker had been taking the medication since at least 12/2013. Additionally, the request as submitted did not indicate the frequency or duration of the medication. The medical necessity of Ondansetron is unclear. As such, the request is not medically necessary.

Omeprazole Delayed-Release 20mg #120 DOS 6/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, Prilosec (Omeprazole) Page(s): 68-69.

Decision rationale: The request for Omeprazole is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is often supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted documentation did not indicate the efficacy of the medication. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of NSAID therapy, or cardiovascular disease. In the absence of the documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration. As such, the request for Omeprazole is not medically necessary.

Medrox Ointment 120gm X2 DOS 6/25/13: 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): 111-112.

Decision rationale: The request for Medrox ointment is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in the use with few randomized controlled trials to determine efficacy or safety, also they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages which include lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of specific analgesic effect of each agent and how it will be useful for specific therapeutic goal required. The requested topical medication consists of Methyl Salicylate, Menthol, and Capsaicin. The California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.05% formulation. However, there have been no studies of 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, there was no literature to support efficacy, any advantage over the counter medication, or other medications already being prescribed. The submitted documentation lacked ultimate evidence of antidepressants or anticonvulsants having been tried and failed. Furthermore, the request as submitted did not indicate the frequency or duration of the medication. Additionally, the efficacy of the medication was not indicated as to whether it was helping with functional deficits. Given that the compounded request is not within the MTUS Guidelines, the request for Medrox is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for Tramadol is not medically necessary. The California MTUS Guidelines state analgesics, drugs such as Tramadol, are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. The California MTUS Guidelines recommend that there should be documentation of the "4 A's" for ongoing monitoring, to include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The California MTUS Guidelines also indicate that there should be use of drug screen or urinalysis for injured workers with documented issues of abuse, addiction or poor pain control. The submitted documentation lacked any indication of the

efficacy of the medication. Additionally, there was no evidence of the tramadol being helpful to any of the injured worker's functional deficits. Furthermore, the submitted documents lacked any indication of the injured worker having undergone any drug screens. The request as submitted did not indicate a frequency or duration for the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Tramadol is not medically necessary.