MAXIMUS Federal Services

Case Number:	CM14-0143204		
Date Assigned:	09/10/2014	Date of Injury:	08/17/2012
Decision Date:	10/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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 35-year-old female who reported an injury on 08/17/2012 due to a slip and fall. The injured worker has a diagnosis of pain in the joint to the shoulder region, carpal tunnel syndrome, trigger finger, and other specified aftercare following surgery. Past medical treatment consists of surgery, physical therapy, occupational therapy, ESIs, use of an H wave unit, and use of a TENS unit. The injured worker also underwent a Functional Capacity Evaluation and medication therapy. The injured worker has undergone EMG/NCV, MRIs, and x-rays. On 07/28/2014, the injured worker complained of neck, shoulder, and upper extremity pain. The injured worker rated her pain at 3/10. It was noted on physical examination of the spine that he injured worker had cervical range of motion of flexion 35 degrees, extension 25 degrees, right lateral flexion of 20 degrees, left lateral flexion of 20 degrees, and right rotation with left rotation 60 degrees bilaterally. Muscle strength revealed 4+/5 on the left and 4-/5 on the right. The medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale given was the provider feels it is helping maintain pain levels on the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #120 Date of service: 4/11/13: Upheld

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

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

Decision rationale: The request for naproxen 550 mg #120 is not medically necessary. California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis including knee and hip and in patients with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, renal risk factors. In the submitted documentation it was noted that the injured worker complained of neck and shoulder pain. The injured worker has continued with spine symptomatology. However, there was no indication submitted for review of objective functional benefit with the medication. The efficacy of the medication was not submitted for review. Furthermore, the documentation indicates that the injured worker had been taking this medication since 2013, exceeding the guidelines for short term use. Given the lack of documentation and the guidelines above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

Omeprazole 20mg #120 Date of service: 4/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs with GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg 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 also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted that the injured worker had been taking Naproxen since at least 2013. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this mediation, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

Ondansetron 8 mg #60 Date of service: 4/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation (ODG-TWC) Pain Procedure Summary; Antiemetics (for opioid nausea)

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. Official Disability Guidelines state Ondansetron 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 Official Disability Guidelines. The submitted documentation lacked any indication that the injured worker was suffering from nausea. Furthermore, there was no indication in the submitted report as to how long the injured worker had been taking Ondansetron. The medical necessity of Ondansetron is unclear. As such, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120 Date of service: 4/11/13: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It was indicated in the submitted documentation that the injured worker had been taking the medication since at least 04/2013. The request for additional use of the medication would exceed the guidelines. Additionally, the request is for Cyclobenzaprine 7.5 mg #120 which also exceeds the recommended guidelines for short term use. The efficacy of the medication was unclear. As such, the request is not medically necessary.

Tramadol Hydrochloride/Acetaminophen 37.5/325mg #120 Date of service: 4/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

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. California MTUS states central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. California MTUS recommends that there should be documentation of the "4 As" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Guidelines also state that there should be assessment submitted for review indicating what pain

limits were before, during, and after medication administration. The submitted documentation did not indicate whether the tramadol helped with any of the injured worker's functional deficits. There was also no indication of the efficacy of the medication. Furthermore, no drug tests were submitted for review indicating that the injured worker was in compliance with their medications. Given the lack of documentation regarding what pain levels were before, during, and after medication and the above guidelines, the injured worker is not within criteria. As such, the request is not medically necessary.

Medrox times 2 120 gm Date of service: 4/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Medrox is not medically necessary. The MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that 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 that 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 requested topical medication consists of methyl salicylate, menthol, and capsaicin. The MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to any other treatments. Formulations of capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.375% formulation and there was no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, there is no literature to support efficacy, any advantage over the counter medication, or quantified evidence that antidepressants or anticonvulsants having been tried and failed. It was also not noted in the submitted documentation if the medication helped with any functional deficits. Given the above compound is not within MTUS Guidelines, the request is not medically necessary.