

Case Number:	CM14-0143773		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2012
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Texas. 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 63 year old male who sustained an industrial injury on 5/10/2012. The 7/30/2014 progress report indicates the patient has constant right shoulder pain rated 7/10, constant low back pain with radiation to the lower extremities rated 8/10 and constant bilateral hip pain right greater than left, rated 8/10. Physical examination documents that the right shoulder demonstrates tenderness, positive Hawkins' and impingement signs, painful but intact rotator cuff, reproducible symptomatology with IR and flexion, and no instability. The lumbar reveals healed midline lumbar incision, tenderness and spasm, positive seated nerve root test, restricted and guarded ROM, tingling and numbness in the L4 and L5 dermatomal pattern, 4/5 strength in quadriceps and EHL, and asymmetric knee reflexes. Bilateral hips demonstrate pain and tenderness of right greater than left hip, and reproducible symptomatology with IR/ER. The diagnoses are lumbar discopathy, right shoulder impingement syndrome, and internal derangement of bilateral hips. Work status is continuing light duty. Treatment plan is referral to PT for the right shoulder, awaiting authorization for recommended L3-L5 PLIF with instrumentation, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: According to the CA MTUS, diclofenac is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The patient complains of 8/10 low back, bilateral shoulders and bilateral hips pain. This medication is indicated for treatment of osteoarthritis and ankylosing spondylitis, this patient does not have either diagnosis. Additionally, dosages over 150 mg/day PO are not recommended. The medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines, and the daily dosage prescribed is not recommended per the guidelines.

Omeprazole 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 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). However, none of the above listed criteria apply to this patient. The medical records do not establish this patient was at significant risk for GI events. There was no report of GI complaints documented in the medical report. In addition, Diclofenac ER is not medically necessary. The medical records fail to establish Omeprazole is medically indicated.

Ondansetron 8 MG #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

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: According to the Official Disability Guidelines, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. This medication is recommended for acute use as noted, per FDA-approved indications. Ondansetron is a serotonin

5-HT₃ receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and acute use is FDA-approved for gastroenteritis. Chronic use of this medication is not recommended. The medical record do not demonstrate this medication was prescribed for its FDA-approved use. The medical records do not establish Ondansetron is appropriate and medically indicated for treatment of this patient.

Cyclobenzaprine 7.5 MG #120: 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 Cyclobenzaprine (Flexeril) Page(s): 41, 64.

Decision rationale: According to CA MTUS, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records consistently document the presence of muscle spasm on physical examination, however benefit with cyclobenzaprine use has not been demonstrated. In addition, the records do not establish the patient presents with an acute exacerbation unresponsive to first-line interventions. The medical necessity of Cyclobenzaprine is not established.

Tramadol ER 150 MG #90: 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 Opioids, Tramadol (Ultram), Page(s): 74-95.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient consistently reports 7-8/10 level pain. Any notable improvement in pain level and function with opioid use has not been demonstrated. The subjective complaints are unchanged and do not appear to support the need for this opiate nor provide any indication that ongoing use of tramadol ER has been of notable benefit.