

Case Number:	CM14-0144938		
Date Assigned:	09/12/2014	Date of Injury:	04/02/2013
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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, Pain Medicine 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 56-year-old female who reported an injury on 04/02/2013 due to repetitive use. The injured worker complained of cervical pain that radiated to the upper extremities. The injured worker had a diagnosis of carpal tunnel syndrome and cervicalgia. The diagnostics included electromyogram that showed evidence of carpal tunnel syndrome. The MRI dated 01/11/2014 of the cervical spine revealed multilevel changes with foraminal compromise that contributed to osteophytes projecting posterior laterally from the uncovertebral joints of Luschka, and a 3 mm posterior disc protrusion and extrusions from the C4-7 with annular tearing at C4-5 and nerve root compromise bilaterally at the C4-7. The past treatments included physical therapy, acupuncture, and bracing. The medications included diclofenac, omeprazole, ondansetron, cyclobenzaprine, and tramadol. The physical examination of unknown date revealed palpation to the paravertebral muscle tenderness with spasms. Positive axial loading compression test was noted. Spurling's maneuvers was positive. Range of motion was limited with pain. No clinical evidence of stability on exam. Coordination and balance intact. Tingling and numbness to the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6-7 dermatomal pattern. Strength was a 4/5 to the wrist extensors and flexors. The treatment plan included medications. The Request for Authorization dated 09/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium ER (Voltaren SR) 100mg #120, once a day with food as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs Page(s): 111.

Decision rationale: The request for Diclofenac sodium ER (Voltaren SR) 100mg #120, once a day with food as needed for pain is not medically necessary. The California MTUS Guidelines do not recommend Pennsaid as a first line treatment. Diclofenac, the equivalent to Pennsaid, is recommended for arthritis after failure of oral nonsteroidal anti-inflammatories or contra indicators to oral nonsteroidal anti-inflammatories, and after considering the increased risk profile with diclofenac, including topical formulation for the treatment of the signs and symptoms of osteoarthritis of the knee, diclofenac would be recommended for treatment of arthritis and tendonitis of the knee, elbow, or other joints that are amenable to topical treatment. The clinical notes lacked evidence of the injured worker having any contra indicators of oral pain medications, and also lacked evidence that the medications failed to meet the provider's expectations of pain relief. The included medical document did not suggest objective symptoms of osteoarthritis and tendonitis of the knee of the injured worker. As such, the request is not medically necessary.

Omeprazole 20mg , #120, one PO 12H PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS GI Page(s): 69.

Decision rationale: The request for Omeprazole 20mg, #120, one PO 12H PRN is not medically necessary. The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after the treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation did not indicate that the injured worker had a peptic ulcer or gastrointestinal issues, or has had any lab work performed. As such, the request is not medically necessary.

Ondansetron 8mg ODT, #30 one PRN, no more than two/day: 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 chapter, 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, Anti-emetics

Decision rationale: The request for Ondansetron 8mg ODT, #30 one PRN, no more than two/day is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines indicate that the drug is a serotonin 5ht3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Zofran is also used for chemotherapy induced nausea. The injured worker does not meet the above guidelines. As such, the request is not medically necessary.

Cyclobenzaprine hydrochloride tablets 7.5mg #120 one PO Q8H/PRN: 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.

Decision rationale: The request for Cyclobenzaprine hydrochloride tablets 7.5mg #120 one PO Q8H/PRN 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 a shorter course may be better. Treatment should be brief. The clinical notes were not dated. It was unclear of the length of time the injured worker had taken the cyclobenzaprine. The injured worker did not meet the guidelines. As such, the request is not medically necessary.

Tramadol ER 150mg #90 once a day as needed for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 ER 150mg #90 once a day as needed for severe pain is not medically necessary. The California MTUS states central drugs such as tramadol are reported to be effective in managing neuropathic pain and is not recommended as a first line oral analgesic. The guidelines recommend that there should be the documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The guidelines indicate that tramadol is not recommended for first line oral analgesic. The clinical notes were not evident of aberrant drug taking behavior or adverse side effects. As such, the request is not medically necessary.