

Case Number:	CM14-0145495		
Date Assigned:	09/12/2014	Date of Injury:	10/17/2011
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
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 Occupational 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 patient is a 52-year-old female who has submitted a claim for cervicgia and trigger finger associated with an industrial injury date of 10/17/2011. Medical records from 02/07/2014 to 07/22/2014 were reviewed and showed that patient complained of neck pain graded 8/10 radiating down bilateral upper extremities and bilateral wrist/hand pain graded 6/10. There were no complaints of gastrointestinal disturbances such as nausea, vomiting, constipation or heartburn, no documentation of intolerance to oral medications, or any documentation of recent chemotherapy, radiotherapy or surgery. Physical examination of the cervical spine revealed tenderness over cervical paravertebral muscles, limited ROM, weakness of C4 and C5 myotomal distribution bilaterally, hypesthesia along C5 and C6 dermatomal distribution bilaterally, and positive Spurling's and axial loading compression tests. Physical examination of the wrist/hands revealed tenderness over the volar aspect of the wrist & A1 pulley ring & pinkies with triggering (laterality not specified), hypesthesia along radial digits (laterality not specified), and positive Tinel's and Phalen's tests (laterality not specified). EMG/NC of bilateral upper extremities dated 04/27/2012 revealed mild-moderate bilateral carpal tunnel syndrome, moderate right ulnar neuropathy at elbow and mild to moderate left ulnar neuropathy (level of neuropathy not specified). Treatment to date has included left carpal tunnel release 11/08/2011, right carpal tunnel release 01/12/2012, physical therapy, HEP, Ondansetron (quantity and dosage not specified; prescribed since 05/03/2013), Cyclobenzaprine (quantity and dosage not specified; prescribed since 05/03/2013), Omeprazole (quantity and dosage not specified; prescribed since 05/03/2013), and Tramadol (quantity and dosage not specified; prescribed since 05/03/2013). Of note, there was no documentation of functional outcome from prescribed medications. Utilization review dated 08/13/2014 denied the request for Omeprazole 20mg #120 because there was no evidence of NSAID use or gastrointestinal complaints. Utilization review dated

08/13/2014 modified the request for Cyclobenzaprine HCl 7/5 mg #120 to Cyclobenzaprine HCl 7/5 mg #20 because the medication was not recommended for long-term use. Utilization review dated 08/13/2014 denied the request for Ondansetron 8mg #30 because there was no documentation of nausea and/or vomiting. Utilization review dated 08/13/2014 denied the request for Tramadol ER 150mg #90 because there was failure to submit required documentations in compliance with medications guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #120: 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 for Workers' Comp Pain Procedure Summary (updated 07/10/2014) and Mosby's Drug Consult

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole (quantity and dosage not specified) since 05/03/2013. However, there was no documentation of gastrointestinal disturbances or intolerance to oral medications which would support omeprazole use. Furthermore, the patient does not fit the criteria for those at risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg, #120 is not medically necessary.

Cyclobenzaprine HCl 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 07/10/2014)

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed Cyclobenzaprine (quantity and dosage not specified) since 05/03/2013. However, physical exam findings did not reveal muscle spasm for which cyclobenzaprine is indicated. Furthermore, there was no documentation of

functional outcome from cyclobenzaprine use. The long term-use of Cyclobenzaprine is not in conjunction with guidelines recommendation as well. Therefore, the request for Cyclobenzaprine HCl 7.5mg #120 is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 07/10/2014) and 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

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the patient was prescribed Ondansetron (quantity and dosage not specified) since 05/03/2013. However, there was no documentation of nausea and vomiting caused by cancer, chemotherapy, radiotherapy, and surgery for which ondansetron is indicated. There was no documentation of functional outcome from previous ondansetron use as well. Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed Tramadol (quantity and dosage not specified; prescribed since 05/03/2013). However, there was no documentation of pain relief or functional improvement which is necessary to support continuation of opiates use. Therefore, the request for Tramadol ER 150mg, #90 is not medically necessary.