

Case Number:	CM14-0163803		
Date Assigned:	10/08/2014	Date of Injury:	03/13/2013
Decision Date:	11/13/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 applicant is a represented [REDACTED] who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier shoulder surgery; and reported return to regular duty work. In a Utilization Review Report dated September 17, 2014, the claims administrator failed to approve a request for Fenoprofen, Prilosec, Zofran, Flexeril, and tramadol. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant reported persistent complaints of right shoulder pain, 6/10, exacerbated by lifting and reaching overhead. The applicant was returned to regular duty work. There was no explicit discussion of medical selection or medication efficacy, although the attending provider stated that refills are being ordered under separate cover. On July 14, 2014, the applicant reported 8/10 shoulder pain, again exacerbated by lifting and reaching overhead. The applicant was given a shoulder corticosteroid injection. The applicant was again returned to regular duty work. Once again, there was no mention of medication selection or medication efficacy. In a May 5, 2014 progress note, the applicant was asked to continue with oral medications which were reportedly providing the applicant with temporary symptom relief, and were facilitating activities of daily living. While there was no explicit discussion of which medications were being employed, the attending provider stated that these were being requested under separate cover. The applicant was, once again, returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Antiinflammatory Medications.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Fenoprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic shoulder pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and should, furthermore, base its choice of pharmacotherapy on applicant-specific variables such as comorbidities and "other medications." The attending provider failed to ever explicitly mention the applicant's medication list on any of the progress notes, referenced above. Rather, the attending provider has simply stated on several occasions that he was refilling the applicant's medication under a separate cover. The attending provider did not, thus, state why he was selecting Fenoprofen and/or explicitly state whether or not this particular medication was effectual or not. Therefore, the request of Fenoprofen calcium (Nalfon) #120 is not medically necessary and appropriate.

Omeprazole 20 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no explicit mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. Therefore, the request Omeprazole 20 mg #120 is not medically necessary and appropriate.

Ondansetron 8 mg ODT, #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 Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no mention of the applicant having had any recent surgery, cancer chemotherapy, and/or radiation therapy. No rationale for selection and/or ongoing usage of Ondansetron was furnished by the attending provider. None of the progress notes referenced above made any mention of issues with nausea and/or vomiting. Therefore, the request of Ondansetron 8 mg ODT, #30 is not medically necessary and appropriate.

Cyclobenzaprine hydrochloride tablets 7.5 mg #120: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request of Cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary and appropriate.

Tramadol ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has seemingly returned to work, the attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a

result of ongoing tramadol usage. Indeed, the progress notes referenced above contain no explicit mention or reference to ongoing usage of tramadol. Therefore, the request Tramadol ER 150 mg, #90 is not medically necessary and appropriate.