

Case Number:	CM14-0185355		
Date Assigned:	11/12/2014	Date of Injury:	09/30/2013
Decision Date:	12/19/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/05/2014

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 & Rehabilitation, has a subspecialty in Pain Management, 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 55 year old female with an injury date of 09/30/13. The 09/30/14 pain management reports states the patient presents with mid, upper back and neck pain rated 5/10 with a burning sensation in the upper back and neck and has continued depression. The patient uses a cane to ambulate. The 08/28/14 report states the patient has associated headaches that are migrainous in nature and that the patient is working with modified duties. The 09/30/14 examination of the cervical spine reveals pain on the spinous process of C4-5 on the midline with pain on the facets of C4 to C7 on the right along with mild paracervical muscle spasm, more right than left. There is pain on palpation of the thoracic spine of the spinous processes of T4 to T8 on the midline and facets bilaterally. Examination of the lumbar spine shows pain on the spinous processes of L5 and S1 with pain on the facets of L4-5 and L5-S1, more on the right with fact loading positive more on the right along with mild to moderate muscle spasms. Tinel's sign is positive at the wrist bilaterally. The patient's diagnoses include, 1.Cervical and Lumbar sprain/strain with myofasciitis, 2.Rule out cervical radiculopathy, 3.Cervical facet arthropathy on the right, C3 to C6, 4.Thoracic sprain/strain, rule out intradiscal disc disruption, 5.Thoracic facet arthropathy, T4 to T8, 6.Anxiety and depression syndrome, secondary to chronic pain syndrome. Requested medications as of 06/08/14 are listed as: Naproxen, Orphenadrine, Ondansetron, Omeprazole, Tramadol, and Terocin patch. The utilization review being challenged is dated 11/03/14. Reports were provided from 05/01/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Medications for Chronic Pain Page(s): 22; 60.

Decision rationale: The patient presents with mid back pain and upper back and neck pain with burning sensation rated 5/10. The treater requests for Fenoprofen Calcium 400 mg #120 (an NSAID). MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " MTUS Medications for Chronic Pain, page 60, states a record of pain and function must be recorded. The reports provided have limited information about the patient's medications. Fenoprofen is not discussed; however, reports show use of other NSAIDs (Ibuprofen on 07/11/14 and Naproxen on 04/29/14). It is unknown if or for how long the patient has been using the requested medication. Reports repeatedly state the need for medications and that information will be provided under separate cover; however, this is provided only one time for 06/08/14. This report states Naproxen (a different NSAID) is for inflammation and pain. The treater on 04/29/14 states that medications have been of limited benefit, but the reports do not state whether or not this medication or other NSAIDs help the patient. MTUS page 60 states a record of pain and function must be recorded when medications are used for chronic pain. The request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #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; muscle relaxant for pain Page(s): 64; 63.

Decision rationale: The patient presents with mid back pain and upper back and neck pain with burning sensation rated 5/10. The treater requests for Cyclobenzaprine Hydrochloride 7.5 mg #120. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. "MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided do not discuss this request or show how long the patient has been taking this medication. The treater does not state that use is to be short-term as required by MTUS. On the contrary, the request for a quantity of 120 suggests use longer than the 2-3 weeks recommended. The request is not medically necessary.

Sumatriptan Succinate 25mg #9 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans

Decision rationale: The patient presents with mid back pain and upper back and neck pain with burning sensation rated 5/10. The treater requests for Sumatriptan Succinate 25 mg #9 X 2. "ODG guidelines, Head Chapter, Triptans, states this medication is recommend for migraine sufferers." MTUS Medications for Chronic Pain, page 60, states a record of pain and function must be recorded. The 06/08/14 report states that this medication is for migrainous headaches associated with chronic cervical spine pain. The 08/28/14 report states the patient has associated headaches that are migrainous in nature. It is not known from the reports provided how long the patient has been using this medication, nor does the treater state that it is helping the patient. MTUS page 60 states a record of pain and function must be recorded when medications are used for chronic pain. The request is not medically necessary.

Ondansetron ODT 8mg #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, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient presents with mid back pain and upper back and neck pain with burning sensation rated 5/10. The treater requests for Ondansetron ODT 8 mg #130. It is unclear how long the patient has been taking this medication. It first shows on a report dated 06/08/14. ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The reports provided show this medication is for upset stomach, cramping and nausea associated with nausea due to cervical spine pain. The 08/28/14 report states the patient has associated headaches of a migrainous nature due to chronic cervical spine pain. In this case, there is no evidence for chemotherapy or radiation treatment, that the patient is post-operative, or that there is acute gastroenteritis for this patient as recommended by ODG above. The request is not medically necessary.

Omeprazole DR 20mg #120: Overturned

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

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

Decision rationale: The patient presents with mid back pain and upper back and neck pain with burning sensation rated 5/10. The treater requests for Omeprazole DR 20 mg #120. The reports show the patient has been taking this medication since at least 04/29/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The 06/08/14 reports states the medication is for GI symptoms and is be taken for upset stomach in conjunction with pain and anti-inflammatory medications. The report further states the patient has a history of epigastric pain and stomach upset while using NSAID. The reports show the patient's use of NSAIDs: Naprosyn on 04/29/14, Ibuprofen on 07/01/14 and there is a request for Fenoprofen Calcium. However, the treater does not state whether or not the medication helps the patient. In this case, the patient uses NSAIDs and is documented with epigastric pain and stomach problems. The request is medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

Decision rationale: The patient presents with mid back pain and upper back and neck pain with burning sensation rated 5/10. The treater requests for Tramadol Hydrochloride ER 105 mg #90 (an opioid). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided have limited information on the patient's medications. Use of Tramadol shows on the 04/29/14 report and is requested for on 06/08/14. The treater states use is for acute severe pain. In this case, pain is routinely assessed through the use of pain scales. Pain is recorded as 7/10 on 04/29/14; 8-9/10 on 07/08/14; 4-5/10 on 08/12/14 and 5/10 on 09/30/14. The following ADLs are provided: The patient is working with modified duties as of 08/28/14 and on 02/13/14 the treater states the patient has some difficulty dressing, combing hair, washing, taking a bath, getting on and off the

toilet, opening a carton of milk, seeing a television screen, climbing a flight of stairs, sitting, reclining, rising, running errands, light housework, shopping, getting in and out of a car and sleeping. On 04/29/14 the treater states the patient has ADLs limitations in Self-care/hygiene; physical activity, ambulation, hand function, and sleep. However, there is no documentation that Tramadol is making a difference with ADL's. Opiate management issues also are not addressed. No urine toxicology reports are provided or documented and there is no discussion of CURES. Furthermore, no outcome measures are provided as required by MTUS. Therefore the request is not medically necessary.