

Case Number:	CM14-0089286		
Date Assigned:	07/23/2014	Date of Injury:	11/15/2011
Decision Date:	10/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 VF Corporation employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of November 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; electrodiagnostic testing of April 8, 2014, apparently notable for an L5 nerve root irritation; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated May 22, 2014, the claims administrator denied request for a Naprosyn, Zofran, and omeprazole. The applicant's attorney subsequently appealed. In a December 17, 2013, progress note, the applicant reported multifocal low back and shoulder pain. The applicant was given several oral suspensions and topical compounds. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a February 4, 2014 progress note, the applicant reported worsening low back pain complaints. Electrodiagnostic testing of the lower extremities was sought. The applicant's work status was, again, not clearly outlined. On March 27, 2014, physical therapy was endorsed. On May 9, 2014, the attending provider sought authorization for Naprosyn, Norflex, Ondansetron, and Omeprazole through usage of a prescription form which employed pre-printed check boxes. There was no discussion of medication efficacy. On April 22, 2014, the applicant reported progressively worsening left shoulder pain. Authorization was sought for left shoulder surgery. The remainder of the file was surveyed. There was no evidence that the applicant had, in fact, undergone the left shoulder surgery also apparently at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG PO 12 H PRN, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGES 68-69.

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 support usage of proton pump inhibitors such as Omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file fail to clearly establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

ONDANSETRON 8MG ODT PRN, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation 2. Food and Drug Administration (FDA), Ondansetron Medication Guide.

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 label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant has had any kind of recent surgery, nor is there evidence that the applicant has been approved to have shoulder surgery through the utilization review or independent medical review processes. The applicant does not, furthermore, seemingly have any active symptoms of nausea and/or vomiting. Therefore, the request is not medically necessary.

NAPROXEN SODIUM TAB 550MG ONCE EVERY 12 HOURS, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic. Page(s): 98, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the

traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made 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. In this case, however, the applicant is off work. The attending provider's progress notes fail to recount any specific, tangible, or material increments in function achieved as a result of ongoing Naprosyn usage. Therefore, the request is not medically necessary.