

Case Number:	CM14-0094216		
Date Assigned:	07/25/2014	Date of Injury:	09/26/2008
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 62-year-old male who reported an injury on 09/26/2009. The mechanism of injury was not provided for clinical review. The diagnoses included cervical discopathy, thoracic spine pain referred from the cervical spine, bilateral shoulder internal derangement; status post left carpal tunnel release surgery, bilateral carpal tunnel syndrome per EMG/NCV and lumbar discopathy. The previous treatments included medication. Diagnostic testing included an EMG/NCV and an MRI. Within the clinical note dated 10/29/2013, it was reported the injured worker complained of cervical spine pain. The injured worker complained of bilateral shoulders, left wrist and lumbar spine pain. Upon the physical examination the provider noted the cervical spine had tenderness to palpation over the cervical paravertebral muscles and the upper trapezius muscles with spasms. The provider noted the injured worker had pain with terminal motion. Upon examination of the bilateral shoulders, the provider noted tenderness at the subacromial space and acromioclavicular joint. The injured worker had a positive Hawkin's and impingement sign. The injured worker had limited range of motion and weakness of the shoulder, left greater than right. The provider noted the injured worker had a positive Tinel's and Phalen's sign. The injured worker had tenderness to palpation of the lower aspect of the wrist. The provider indicated the injured worker had tenderness of the lumbar paravertebral muscles. The provider requested omeprazole, ondansetron, orphenadrine, tramadol, and Terocin patch. The provider's rationale was not provided for clinical review. The Request for Authorization was submitted and dated 10/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 30mg QTY: 120 PO Q 12 hr PRN upset stomach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers who are at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal include over the age of 65, history of peptic ulcer, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleed, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID use includes stopping the NSAID, switching to a different NSAID, adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, Omeprazole 30mg is not medically necessary.

Ondansetron 8mg ODT, QTY: 30 1 PO PRN upset stomach/cramping/nausea no more than 2/day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Ondansetron (Zofran) Pain ChapterAntiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zofran.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. There is lack of documentation indicating the injured worker is treated for or diagnosed with nausea and vomiting secondary to chronic opioid use. Therefore, Ondansetron 8mg ODT, QTY: 30 1 PO PRN upset stomach/cramping/nausea no more than 2/day is not medically necessary.

Orphenadrine Citrate, QTY: 120 1 PO Q 8 hrs PRN pain and spasm: 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 Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended for longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines' recommendation of short-term use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, Orphenadrine Citrate, QTY: 120 1 PO Q 8 hrs PRN pain and spasm is not medically necessary.

Tramadol ER 150mg QTY: 90 QD PRN 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2014. Additionally, the use of a urine drug screen was not provided for clinical review. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, Tramadol ER 150mg QTY: 90 QD PRN for severe pain is not medically necessary.

Terocin patch, QTY: 30 Topical analgesic for the treatment of mild to moderate acute or chronic aches or pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines' recommendation of short-term use. Therefore, Terocin patch, QTY: 30 Topical analgesic for the treatment of mild to moderate acute or chronic aches or pain is not medically necessary.