

Case Number:	CM14-0098625		
Date Assigned:	08/06/2014	Date of Injury:	09/30/2013
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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, and is licensed to practice in New York and Texas. 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 55 year old female who had a work related injury on 09/30/13. She injured her neck and her right shoulder and upper back after pushing heavy boxes. This occurred on 09/30/13. Treatment since the time of injury included chiropractic which gave her temporary benefit and medication with limited benefit. She does have a positive past medical history for a gastrointestinal condition, stomach irritation. The most recent medical record submitted for review was dated 04/29/14. She complains of constant neck pain with radiation to the right shoulder and also pain radiates to the right upper extremity to the level of the hands and knees. She denies any extremity numbness and tingling. She has motor weakness in the right upper extremity with a shooting pain. Her neck pain is rated 7/10. It is aggravated by pushing, pulling, repetitive head motions, flexion, and extension. She reports moderate to severe difficulty in sleep. She complains of constant thoracic pain with radiation to the chest wall. Her pain is rated 7/10. It is aggravated by flexion, extension, bending, twisting, turning, and rotation. On physical examination, the injured worker was noted to be alert, oriented, and cooperative. She was observed to be in a moderate amount of distress. Cervical examination reveals no gross abnormality. There is noted spasm in the bilateral trapezius muscle and paraspinal muscle at the C4 through C6 levels. There is tenderness along the bilateral trapezius muscle. Spinal vertebral tenderness was noted in the cervical spine at the C4 through C6 levels. Tenderness on the bilateral occipital area was noted upon palpation. Myofascial trigger points were noted in the bilateral trapezius muscles. Range of motion of the cervical spine was limited secondary to pain. Pain was significantly increased with flexion, extension, and rotation. Motor exam showed decreased strength in the flexor muscles in the right upper extremity along the C4 through C6 dermatomes. Sensory exam showed decreased touch in the right upper extremity along the C4 through C6 dermatome. Spurling's test was positive bilaterally. Diagnosis is cervical disc

degeneration. Cervical radiculopathy. Chronic pain. Prior utilization on 06/17/14 Naprosyn, Omeprazole, Zofran, Norflex, Tramadol, and Terocin patches were all denied, the Sumatriptan was modified. The current request is for Naproxen 550mg #120, Omeprazole 20mg #120, Zofran #30, Norflex #120, Tramadol #90, Sumatriptan, dose and quantity unknown, Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Ondansetron 8mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Antiemetics (for opioid nausea)

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the patient has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron 8mg, #30 is not medically necessary.

Orphmadrine, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Tramadol 150mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to

warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medication. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Sumatriptan (Dosage & QTY Unknown): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

Decision rationale: As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. However, there is indication in the documentation provided that the patient suffers from migraines, has symptoms associated with acute headaches, or has a diagnosis of migraine headaches requiring treatment with medication containing triptans. As such, the request for Sumatriptan Succinate is medically necessary.

Terocin Patch, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.