

Case Number:	CM14-0192481		
Date Assigned:	11/26/2014	Date of Injury:	09/07/2010
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine 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 48 year old female with an injury date of 09/07/10. Based on the 09/24/14 progress report, the patient complains of cervical spine pain which radiates to the upper extremities and is associated with headaches and tension between the shoulder blades. She rates her cervical spine pain as a 7/10. The patient also has lower back pain which radiates into the lower extremities and is rated as an 8/10. She has pain in the bilateral shoulders which she describes as burning and rates as a 4/10. The patient has frequent pain in the bilateral wrists which is described as throbbing and she rates as a 5/10. In regards to the cervical spine, there is palpable paravertebral muscle tenderness with spasm. The patient has a positive axial loading compression test and a positive Spurling's maneuver. Range of motion is limited with pain. There is tingling/numbness into the anterolateral shoulder, arm, lateral forearm/hand, greatest over the thumb, which correlates with a C5-6 dermatomal pattern. In regards to the shoulders, there is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. There is pain with terminal motion with limited range of motion and weakness of rotator cuff function. For the wrists/hands, there is reproducible symptomatology in the median nerve distribution and diminished sensation in the radial digits. In regards to the lumbar spine, there is palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. There is tingling and numbness in the posterior leg and lateral foot which is in an S1 dermatomal pattern. The patient is diagnosed with the following: Lumbar discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, cervical discopathy. The utilization review determination being challenged is dated 10/30/14. There was one treatment report provided from 09/24/14.

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 (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, medications for chronic pain Page(s): 22, 60.

Decision rationale: According to the 09/24/14 report, the patient presents with cervical spine pain, lower back pain, bilateral shoulder pain, and wrist/hand pain. The request is for Fenoprofen Calcium 400 MG #120 for inflammatory pain. There is no indication of when the patient began taking Fenoprofen Calcium. The MTUS Guidelines, page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, review of the one report provided does not show documentation of functional benefit or pain reduction from the use of Fenoprofen Calcium. It is not known when the patient began taking this medication and the 09/24/14 report does not discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. The requested Fenoprofen Calcium is not medically necessary.

Cyclobenzaprine 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 muscle relaxants Page(s): 63.

Decision rationale: According to the 09/24/14 report, the patient presents with cervical spine pain, lower back pain, bilateral shoulder pain, and wrist/hand pain. The request is for Cyclobenzaprine 7.5 mg #120 for pain and spasm. There is no indication of when the patient began taking Cyclobenzaprine. MTUS Guidelines page 63 regarding muscle relaxants also states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Not recommended to be used for longer than 2 or 3 weeks." MTUS Guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2 to 3 weeks. In this case, it is not known when the patient began taking Cyclobenzaprine. There is no

discussion regarding if this medication is for a long-term basis or short-term basis. MTUS only allows short-term basis. The requested Cyclobenzaprine is not medically necessary.

Sumatriptan Succinate tablets 25mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure summary, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptan

Decision rationale: According to the 09/24/14 report, the patient presents with cervical spine pain, lower back pain, bilateral shoulder pain, and wrist/hand pain. The request is for Sumatriptan Succinate tablets 25 mg #18. There is no indication of when the patient began taking Sumatriptan Succinate tablets. ODG guidelines have the following regarding Triptans for headaches: ODG Guidelines, Head chapter, Triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." The 09/24/14 report states that the patient has cervical spine pain and "there are 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 requested Sumatriptan Succinate 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 ODG-TWC, Pain Procedure summary, Antiemetics (for opioids nausea)

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: According to the 09/24/14 report, the patient presents with cervical spine pain, lower back pain, bilateral shoulder pain, and wrist/hand pain. The request is for Ondansetron ODT 8 mg #30 for upset stomach, cramping, and nausea. There is no indication of when the patient began taking Ondansetron. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. 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 treater has not indicated that the patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. Furthermore, Ondansetron is not recommended by ODG for nausea and

vomiting secondary to chronic opioid use. The request does not meet guideline indications. The request for Ondansetron is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & Card.

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

Decision rationale: According to the 09/24/14 report, the patient presents with cervical spine pain, lower back pain, bilateral shoulder pain, and wrist/hand pain. The request is for Omeprazole 20 mg #120 for upset stomach. There is no indication of when the patient began taking Omeprazole. MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treater does not document dyspepsia or GI issues in the 09/24/14 report. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The requested Prilosec is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Medication for chronic pain Page(s): 88, 89, 78, 60-61.

Decision rationale: According to the 09/24/14 report, the patient presents with cervical spine pain, lower back pain, bilateral shoulder pain, and wrist/hand pain. The request is for Tramadol Hydrochloride ER 150 mg #90 for severe pain. 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 4A's (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. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed.

The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request is not medically necessary.