

Case Number:	CM14-0214076		
Date Assigned:	12/31/2014	Date of Injury:	05/10/2013
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 10, 2013. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve request for cyclobenzaprine, ondansetron, and omeprazole. The claims administrator referenced a November 11, 2014 progress note in its determination. On February 4, 2014, the applicant reported multifocal complaints of neck and bilateral shoulder pain, highly variable, 5/10. Shoulder MRI imaging was sought. There was no discussion of medication selection or medication efficacy on this date, however. In a preprinted order form dated March 12, 2014, the attending provider refilled cyclobenzaprine, naproxen, Zofran, omeprazole, tramadol, and Terocin through preprinted checkboxes. No clinical progress notes or narrative commentary was attached to the preprinted prescription order form. The remainder of the file was surveyed. The bulk of the information on file comprised of the applicant's general health record/personal health record as opposed to the applicant's occupational health record/Workers' Compensation record, including historical personal health note as early as 2009. On June 3, 2014, the attending provider, once again, refilled naproxen, Prilosec, Zofran, Norflex, tramadol, and Terocin patches through a preprinted order form, with no discussion of medication efficacy. Similarly, on June 2, 2014, the attending provider again refilled naproxen, Norflex, Zofran, Prilosec, tramadol, Levaquin, and Terocin, again through preprinted checkboxes, with little-to-no narrative commentary. The applicant did undergo a right shoulder arthroscopy on June 20, 2014. On

August 11, 2014, the attending provider placed the applicant off of work, on total temporary disability. Authorization for left shoulder surgery was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Cyclobenzaprine Hydrochloride 7.5 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including tramadol, naproxen, topical Terocin, Zofran, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Similarly, the 120-tablet supply of cyclobenzaprine at issue does represent treatment well in excess of the "short course of therapy" for which cyclobenzaprine" is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

One prescription of Ondansetron 8 mg ODT # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation 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 labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, the attending provider simply refilled ondansetron through preprinted checkboxes and preprinted order forms, with no discussion of whether the applicant was or was not actually experiencing symptoms of nausea and/or vomiting. Furthermore, the applicant was well outside of the postoperative period during which the applicant could reasonably and plausibly be expected to have any residual symptoms of nausea and/or vomiting following an earlier shoulder arthroscopy procedure of June 20, 2014 as of the date of the Utilization Review Report, November 20, 2014. Therefore, the request is not medically necessary.

One prescription for Omeprazole 20 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk 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 documentation on file did not clearly establish the presence of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Rather, it appeared that the attending provider simply refilled omeprazole and other medications on various dates without any discussion of why omeprazole was being employed. Therefore, the request is not medically necessary.