

Case Number:	CM14-0218050		
Date Assigned:	01/07/2015	Date of Injury:	09/12/2011
Decision Date:	03/04/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female who suffered a work related injury on 09/12/2011. Diagnoses include degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, and carpal/cubital tunnel syndrome/double crush syndrome. The injured worker is status post right carpal/cubital tunnel release on 06/28/2013. Treatment has included ice, non-steroidal anti-inflammatory medications, rest, physical therapy, chiropractic therapy, and heat application. She has also had cervical epidural steroid injections in the past. In a physician progress note dated 08/13/2014 it is documented the injured worker complains of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain is sharp, and there is radiation of pain into the upper extremities, the right side greater than the left. She has associated headaches that are migrainous in nature, as well as tension between the shoulder blades. The injured worker's pain is worsening. Her pain is rated 7/10 on the pain scale. The Utilization Review done on 12/04/2014, documents a physician progress note dated 10/27/2014 the injured worker has presented with persistent severe cervical pain associated with headaches noted to be migrainous in nature. The pain was sharp and stabbing. Her pain was rated 9/10, and indicated the pain radiated to her upper extremities, right greater than left. She rated her throbbing bilateral upper extremity pain at 5/10. There was cervical paravertebral tenderness with spasm; positive axial loading compression test; positive Spurling's maneuver; limited painful range of motion; numbness and tingling along the C5 and C6 dermatomes; diminished 3+ to 4/5 strength for the right deltoid, biceps and wrist extensors. The left C5-C6 innervated

muscles were rated 4/5. A Magnetic Resonance Imaging done on 09/23/2014 revealed greater than 3mm disc protrusions C4-6, 2mm disc protrusion C6-7, absolute nerve root compromise C4/5 and C5/6, and significant disc height collapse at C4-6. Treatments requested are: Fenoprofen Calcium 400mg, # 120, Omeprazole 20mg, # 120, Ondansetron 8mg, #30, and cyclobenzaprine hydrochloride 7.5mg, # 120. Utilization Review dated 12/04/2014 non-certified the request for Fenoprofen Calcium 400mg, # 120. This is being prescribed for inflammation and pain. No information was included as to the clinical reasoning of choosing this non-steroidal anti-inflammatory drug over other NSAIDs. Clinical trial in the past directly compared Fenoprofen to other NSAIDs and Fenoprofen was found to be less effective and to have a higher rate of adverse effects, particularly gastrointestinal bleeding. Utilization Review non-certifies the request for Omeprazole 20mg, # 120, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-NSAIDs Gastrointestinal symptoms and cardiovascular risk. Omeprazole should be limited to recognized indication and use at the lowest dose for the shortest possible amount of time. Long-term proton pump inhibitors use of greater than 1 year has been associated with an increase in the risk of hip fracture. For this injured worker there is no documentation to indicate she has any of the gastrointestinal risk factors to support the use of Omeprazole. Utilization Review modified the request for Ondansetron 8m, # 30 to Ondansetron 8mg, #8. Regarding this is the request for antiemetics, such as Ondansetron are supported by the consulted evidence based guidelines for the management of nausea and vomiting secondary to surgery or chemotherapy and radiation treatment. Acute use is also FDA approved for gastroenteritis. Antiemetics are not currently recommended for nausea and vomiting secondary to chronic opioid use. The Utilization Review on 12/04/2014, non-certified the request for Cyclobenzaprine Hydrochloride 7.5mg, # 120, citing California Chronic Pain Medical Treatment guidelines. Cited guidelines do not support the use of cyclobenzaprine for longer than 2-3 weeks.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was no evidence to suggest she had a diagnosis which might have justified using an NSAID chronically, and considering the long-term risks associated with this drug category, it is generally

not recommended for longterm use as this worker had been doing. Also, there was no evidence to suggest that the worker was experiencing a recent acute flare-up which might have warranted a short course of an NSAID. Also, there was no documented evidence in recent progress notes of measurable functional gains directly related to the Fenoprofen use. Therefore, the Fenoprofen will be considered medically unnecessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, although she had been using NSAIDs chronically (which according to this review seems unnecessary to continue), she did not have any documented history to suggest she was at an elevated risk for gastrointestinal events besides her NSAID use. Therefore, and also considering the longterm side effects associated with omeprazole, it will be considered medically unnecessary to continue.

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, anti-emetic use for opioid-related nausea, Zofran

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, there did not appear to be any significant documented indication for Zofran use on a regular basis. Therefore, the Zofran will be considered medically unnecessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence to suggest she had been using muscle relaxants beyond the recommended short duration, and the request for 120 pills suggests there was the intention to treat the worker chronically with cyclobenzaprine, which is not a recommended use of this type of medication. Also, there was no evidence to suggest the worker was experiencing an acute flare-up of muscle spasm which might have warranted a short course of a muscle relaxant. Therefore, the cyclobenzaprine will be considered medically unnecessary to continue.