

Case Number:	CM15-0111596		
Date Assigned:	06/18/2015	Date of Injury:	07/27/1999
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 50 year old female sustained an industrial injury to the neck, back, bilateral wrists and bilateral ankles on 7/27/99. Documentation did not disclose recent magnetic resonance imaging. Recent treatment included cervical epidural steroid injections, orthopedic shoes, orthotics and medications. In a progress note dated 4/2/15, the injured worker complained of cervical spine pain with radiation into the upper extremities associated with headaches, numbness and tingling, low back pain with radiation into bilateral lower extremities, bilateral wrist pain and bilateral feet and ankle pain rated 5-8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation in the paraspinal musculature and spasms, positive Spurling's maneuver, 4/5 strength to bilateral upper extremities, numbness and tingling to the C5-6 distribution and limited range of motion due to pain, bilateral wrists with positive Phalen's and Tinel's signs, pain upon flexion and decreased sensation in the radial digits, lumbar spine with tenderness to palpation to the paraspinal musculature with spasm, positive seated nerve root test and guarded and restricted range of motion and tenderness to palpation to bilateral feet and ankles with pain upon range of motion. Current diagnoses included cervical discopathy with radiculitis, double crush syndrome, status post right carpal tunnel release, bilateral carpal tunnel syndrome, lumbar discopathy with radiculitis, status post right ankle fusion and removal of hardware. On 4/30/15, a request for authorization was submitted for medications (Nalfon, Prevacid, Zofran, Cyclobenzaprine and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg #120, 1 pill 3 times a day inflammatory pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 21, 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Fenoprofen calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is an NSAID medication, which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Lanoprazolo (Prevacid delayed-release capsules), 30mg #120, 1 by mouth 12 hour as needed upset stomach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68.

Decision rationale: According to CA MTUS (2009), a proton pump inhibitor, such as Prevacid (Lansoprazole), is recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Lansoprazole has not been established. The requested medication is not medically necessary.

Ondansetron 8mg ODT #30, 1 as needed upset stomach/cramping/nausea no more than 2 a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In this case, there is no specific indication for the use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Cyclobenzaprine hydrochloride tablets 7.5mg #120, 1 by mouth every 8 hours as needed pain and spasm: Upheld

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Tramadol ER 150mg #90, once a day as needed for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-97.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear

documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.