

Case Number:	CM15-0111605		
Date Assigned:	06/18/2015	Date of Injury:	02/07/2013
Decision Date:	08/18/2015	UR Denial Date:	05/22/2015
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:

The injured worker is a 57 year old male who reported an industrial injury on 2/7/2013. His diagnoses, and/or impressions, are noted to include: shoulder pain; shoulder joint degeneration, status-post surgery; and cervicgia. No current imaging studies are noted. His treatments have included medication management; and a return to full duties at work. The progress notes of 3/26/2015 noted reports of constant, moderate pain in the cervical spine that radiated into the upper extremities, was associated with migrainous headaches and tension between the shoulder blades, aggravated by activities, and improved with medications; as well as an improved, intermittent, mild and dull pain in the bilateral shoulders that is aggravated by activities. Objective findings were noted to include no acute distress; tenderness and spasms to the cervical para-vertebral muscles, positive axial loading compression test, positive Spurling's maneuver, limited and painful range-of-motion, numbness/tingling over the cervical dermatomal pattern, a mild decrease in strength of the upper extremities, and asymmetric triceps reflexes; as well as tenderness to the shoulder that is with painful and reproducible symptomatology with range-of-motion, and instability. The physician's requests for treatments were noted to include the continuation of Fenopufen, Lansoprazole, Ondansetron, Cyclobenzaprine, and Tramadol Extended Release for the purpose of continuing in helping with curing and relieving the injured workers symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400 mg Qty 120, one 3 times daily: 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 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.

Lansoprazole (Prevacid) delayed release 30 mg Qty 120, 1 by mouth every 12 hrs as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

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 Prevacid has not been established. The requested medication is not medically necessary.

Ondansetron 8 mg ODT (orally disintegrating tablets) Qty 30, 1 as needed: 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 chapter - Anti-emetics (for opioid nausea).

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

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 addition, for this case, the request for Tramadol ER was not medically necessary, which would also make the request for Ondansetron not medically necessary. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Cyclobenzaprine hydrochloride 7.5 mg Qty 120, 1 by mouth every 8 hrs as needed: 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 reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. 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 medication is not medically necessary.

Tramadol ER (extended release) 150 mg Qty 90, 1 everyday as needed: 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. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.