MAXIMUS Federal Services

Case Number:	CM15-0114988		
Date Assigned:	06/23/2015	Date of Injury:	12/06/2012
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 injured worker is a 44 year old male who sustained an industrial injury on 12/6/12. He reported low back pain and bilateral knee pain following a motor vehicle accident. The injured worker was diagnosed as having cervical /lumbar sprain/strain, left shoulder impingement syndrome with partial rotator cuff tear/labral tear, right shoulder impingement syndrome with partial rotator cuff tear, right lateral epicondylitis, right knee sprain with grade II medial meniscal tear and left knee sprain with grade II medial meniscal tear and chondromalacia of the central trochlear groove. Treatment to date has included left shoulder surgery, bracing of knee, intra-articular injection of knee, physical therapy, oral medications including Nalfon, Prevacid, Ondansetron, Cyclobenzaprine hydrochloride, Tramadol and Sumatriptan Succinate, and activity restrictions. (MRI) magnetic resonance imaging of thoracic spine performed on 5/7/15 revealed minimal upper and mid thoracic posterior disc herniation not exceeding 1-2mm and borderline cord encroachment at T6-7 and T3-4 on the left. (MRI) magnetic resonance imaging of cervical spine performed on 5/7/15 revealed mild disc bulge at C5-6. (MRI) magnetic resonance imaging of lumbar spine performed on 5/7/15 revealed T12-L1, left central 4mm disc protrusion without significant resulting stenosis and L4-5 2mm central disc protrusion with mild encroachment on the right L5 descending nerve root in the lateral recess. Currently, at a visit on 4/22/15, the injured worker complains of constant pain in left shoulder characterized as dull and rated as 4/10 and unchanged from previous visit; frequent pain in left knee with some swelling and buckling, characterized as throbbing, unchanged from previous visit and rated 7/10; constant pain in the cervical and thoracic spine characterized as sharp with radiation to upper extremities,

associated with headaches and tension between the shoulder blades, he states it is worsening and rated 7/10 and constant pain in low back characterized as sharp with radiation into the lower extremities, he states it is worsening and rated 8/10. At this time it is noted he may return to work with no limitations. Physical exam of cervical/thoracic spine revealed palpable paravertebral muscle tenderness with spasm and limited range of motion; palpable paravertebral muscle tenderness with spasm of lumbar spine with restricted and guarded range of motion and tenderness of knee joint line with positive patellar grind test and crepitus with painful range of motion. Physical exam of the left shoulder revealed well healing surgical incision with some stiffness due to immobilization and limited range of motion and weakness. A request for authorization was submitted for Nalfon 400mg #120, Prevacid 30mg #120, Ondansetron 8mg #30, Cyclobenzaprine hydrochloride 7.5mg #120, Tramadol ER 150mg #90 and Sumatriptan Succinate 25mg #18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDS.

Decision rationale: MTUS guidelines for non-steroidal anti-inflammatory agents (NSAIDS) recommend the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Nalfon has been prescribed for at least six months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. In this case, the injured worker has chronic pain with no evidence of prescribing for flare-ups. It is noted the pain was unchanged or worsened since previous visit. NSAIDS can increase blood pressure. Multiple elevated diastolic blood pressure readings were documented but not addressed. The MTUS recommends monitoring of blood tests; no results of blood tests were submitted. Due to length of use in excess of the guidelines and potential for toxicity, the request for nalfon is not medically necessary.

Lansoprazole 30 mg #120: Upheld

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

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

Decision rationale: MTUS guidelines for use of proton pump inhibitors recommend use for patients at risk for gastrointestinal events if they are over 65 years of age, previous peptic ulcer, gastrointestinal (GI) bleeding or perforation, simultaneous use of aspirin, corticosteroids or an anticoagulant or a high dose/multiple use of NSAIDS. None of these risk factors was present for this injured worker. The treating physician noted that the injured worker had epigastric pain and stomach upset while using non-steroidal anti-inflammatory agents (NSAIDS) in the past for chronic pain. The progress report did not mention any current gastrointestinal complaints. There are no medical reports, which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient evaluation is not indicated. Therefore, the request for Lansoprazole 30mg #120 is not medically necessary.

Ondansetron 80 mg #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 (ODG), Zofran, pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Zofran.

Decision rationale: The MTUS is silent on Ondansetron; the ODG does not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is FDA approved for nausea caused by chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication. The injured worker was prescribed Ondansetron 8mg for nausea secondary to headaches, and progress reports submitted for review did not include relevant clinical information to support use of this medication. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the request for Ondansetron is not medically necessary.

Tramadol extended release 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, use of opioids requires is ongoing review and documentation of pain relief and improved functional status. The injured worker had been prescribed Tramadol ER for at least 6 months. The treating physician documented the medications were helping in curing and relieving the symptomatology and improving his activities of daily living and making it possible for him to continue working; however the injured worker stated the pain had worsened in the cervical spine and low back and was unchanged in the left knee and left shoulder since previous visit. The MTUS recommends prescribing according to function with specific functional goals, random drug testing, and use of an opioid contract; these were not documented. The MTUS recommends monitoring including assessment for adverse effects and aberrant drug-taking behaviors; these were also not

documented. Therefore, the request for Tramadol ER 150mg # 90 is not medically necessary.

Sumatriptan succinate 25 mg #18: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter: triptans.

Decision rationale: MTUS guidelines are silent on Sumatriptan succinate; therefore, the ODG Guidelines were consulted. ODG Guidelines note triptans are recommended for patients who suffer from migraines. The recent progress notes did not include subjective or objective findings related to headaches and the need for the medication. The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. Therefore, the request for Sumatriptan Succinate25mg #18 is not medically necessary.