MAXIMUS Federal Services

Case Number:	CM15-0115638		
Date Assigned:	06/30/2015	Date of Injury:	04/30/2014
Decision Date:	09/23/2015	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: Texas, New York, 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 50-year-old who has filed a claim for chronic wrist, arm, neck, shoulder, and low back pain reportedly associated with an industrial injury of April 30, 2014. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for fenoprofen, lansoprazole, ondansetron, cyclobenzaprine, tramadol, and sumatriptan (Imitrex). The claims administrator referenced an RFA form received on May 1, 2015 and a progress note of March 27, 2015 in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported multifocal complaints of low back, shoulder, elbow, wrist, and neck pain, 8/10. Lumbar MRI imaging, cervical MRI imaging, shoulder MRI imaging, and elbow MRI imaging were sought. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Unspecified medications were dispensed under separate cover, without any discussion of medication selection or medication efficacy. On an order form dated October 23, 2014, Flexeril, fenoprofen, Zofran, Prilosec, Lunesta, and tramadol were all prescribed, without any associated rationale, progress notes, or discussion of medication efficacy. On December 9, 2014, the applicant again reported 8/10 multifocal complaints of shoulder, elbow, and wrist pain. Medications were once again refilled under separate cover. The applicant was seemingly returned to modified duty work on this date. Once again, no discussion of medication efficacy transpired. On January 20, 2015, the applicant again reported multifocal complaints of elbow, shoulder, and wrist pain. Physical therapy was endorsed. The applicant had undergone a right

distal radial fracture ORIF procedure, it was reported. Multiple medications were renewed under separate cover, again without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for oral fenoprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, medication selection and/or medication efficacy were not explicitly discussed or detailed on multiple progress notes, referenced above, including on January 29, 2015. On that date, the attending provider stated that he was refilling unspecified medications, including fenoprofen, under separate cover. It did not appear, however, that fenoprofen had proven particularly effective as the applicant continued to report pain complaints as high as 8/10, despite ongoing fenoprofen usage. Therefore, the request was not medically necessary.

Lansoprazole 30 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: Similarly, the request for lansoprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as lansoprazole are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here on or around the date in question, January 29, 2015, at which point

the attending provider stated in the gastrointestinal review of systems section of the note that the applicant had issues with heartburn, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, no explicit discussion of medication efficacy transpired insofar as lansoprazole was concerned. There was no mention of whether or not ongoing usage of lansoprazole had or had not effectively attenuated the applicant's symptoms of reflux. Therefore, the request was not medically necessary.

Odanestron 8 mg Qty 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.

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 U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for ondansetron (Zofran), an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7, 8 of the MTUS Chronic Pain Medical Treatment Guidelines 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 (Zofran) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant having received cancer chemotherapy, radiation therapy, surgery, etc., on or around the date in question, January 29, 2015. There was, furthermore, no mention of the applicant's personally experiencing any issues with nausea or vomiting on that date. Usage of Zofran (ondansetron), thus, amounted to usage of Zofran for a non-FDA labeled purpose. The attending provider failed to furnish a clear or compelling rationale or medical evidence, which would support such usage in the face of the FDA label recommending usage of Zofran only for nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5 mg Qty 120: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Tramadol and Imitrex. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 120-tablet supply Flexeril (cyclobenzaprine) at issue represents treatment 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 was not medically necessary.

Tramadol 150 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 147.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while it was suggested that the applicant had returned to modified duty work, the applicant continued report pain complaints as high as 8/10 on January 29, 2015. The attending provider made no mention of quantifiable decrements in pain or meaningful commentary of improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Sumatriptan 25 mg Qty 9, with 1 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: Similarly, the request for sumatriptan (Imitrex) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While ODG's Head Chapter Triptans topic does acknowledge that triptan medications such as Imitrex (sumatriptan) are recommended, effective, well tolerated for migraine sufferers, here, however, the January 29, 2015 progress note made no mention of whether or not ongoing usage of Imitrex had or had not proven. The applicant continued to report pain complaints and headaches scored as 8/10, despite ongoing Imitrex (sumatriptan) usage. No seeming discussion of medication efficacy transpired. It was not stated whether or not ongoing usage of sumatriptan (Imitrex) had or had not proven effective in terms of attenuating the applicant's complaints of migraine headaches. Therefore, the request was not medically necessary.