

Case Number:	CM15-0118495		
Date Assigned:	06/26/2015	Date of Injury:	07/23/2007
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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 59-year-old female who sustained an industrial injury on July 23, 2007. The injured worker was diagnosed as having status post right knee arthroscopy with advanced arthrosis, left plantar fasciitis, and right Achilles tendinitis and plantar fasciitis. Treatment to date has included x-rays, right knee arthroscopy, MRI, and medication. Currently, the injured worker complains of increasing right knee pain, with difficulty sleeping. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker reported her pain as a 7 on a scale of 1 to 10. Physical examination was noted to show tenderness in the right knee joint line anteriorly, with a positive patellar compression test, positive patellar grind test, pain with terminal flexion, and a positive McMurray's. The right knee was noted to have swelling and crepitus with painful range of motion (ROM). Tenderness was noted at the bilateral Achilles area, anterolateral aspect of the ankles, and plantar aspect of the feet, with pain with terminal motion. Radiographic examination of the knees revealed degenerative changes of the bilateral knees, right greater than left. The injured worker received an injection of Celestone, Lidocaine, and Marcaine into the right knee. The treatment plan was noted to include a request for authorization for a MRI of the right knee. On May 12, 2015, the Physician requested authorization for Nabumentone (Relafen), Prevacid, Ondansetron, Cyclobenzaprine Hydrochloride, Tramadol hydrochloride, and Lunesta. The injured worker was noted to be permanently partially disabled, able to continue working modified duty with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg 1 pill TID #120: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for acute exacerbations of chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Nabumetone (Relafen) use for moderate pain is off label, with recommendation that the lowest effective dose of Relafen should be sought for each patient. The documentation did not demonstrate objective, measurable improvement in the injured worker's pain, function, or quality of life with use of the Relafen. NSAIDs have been prescribed for many months. There was no documentation of change in work status. There was no documentation of improvement in specific activities of daily living because of use of nabumetone. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Nabumetone (Relafen) 750mg 1 pill TID #120. This request is not medically necessary.

Lansoprazole (Prevacid) Delayed-Release 30mg 1 PO Q12 PRN #120: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes the use of non-steroid anti-inflammatory drugs (NSAIDs) is recommended with precautions, with recommendation to determine the injured worker's risk for gastrointestinal (GI) events, including an age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulant, or high dose/multiple non-steroid anti-inflammatory drugs (NSAIDs). Lansoprazole (Prevacid) is a proton pump inhibitor (PPI). Although the injured worker was taking a non-steroid anti-inflammatory drug, there was no documentation that the injured worker met any of the criteria for increased risk of gastrointestinal (GI) event, nor was there any documentation of current gastrointestinal (GI) symptoms. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Lansoprazole (Prevacid) Delayed-Release 30mg 1 PO Q12 PRN #120. This request is not medically necessary.

Ondansetron 8mg ODT 1 tablet PRN #30: Upheld

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

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

Decision rationale: The MTUS is silent on the use of Ondansetron (Zofran). The Official Disability Guidelines (ODG) notes that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. None of these conditions was present for this injured worker. A document listing medications requested noted the Zofran was being prescribed for nausea associated with the headaches that are present with chronic cervical pain. The progress notes did not identify the injured worker with chronic cervical pain or headaches. The progress notes did not note that the injured worker had any nausea or other gastrointestinal (GI) symptoms. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Ondansetron 8mg ODT 1 tablet PRN #30. This request is not medically necessary.