

Case Number:	CM15-0122269		
Date Assigned:	07/06/2015	Date of Injury:	05/08/2013
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 53 year old male, who sustained an industrial injury, January 28, 1985. The injured worker previously received the following treatments right shoulder MRI arthrography, which showed tendinosis and low grade partial thickness undersurface tearing of the distal subscapularis tendon, degenerative changes at the acromioclavicular joint and blunting of the superior labrum extending into the anterior superior and posterior superior labral, steroid injection into the right shoulder. The injured worker was diagnosed with joint derangement of the shoulder, cervicgia and lumbago. According to progress note of February 6, 2015, the injured worker's chief complaint was cervical and lumbar spine pain. The cervical spine pain was aggravated by repetitive motion of the neck, pushing, pulling, lifting, forward reaching and working above the shoulder level. The pain was rated at 5 out of 10. The back pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged standing, walking multiple blocks the pain was rated 5 out of 10. The right shoulder pain was aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level. The pain was characterized as throbbing. The pain was rated at 7 out of 10. The physical exam of the cervical spine noted paravertebral muscle tenderness with spasms. There was positive axial loading compression test. Spurling's maneuver was positive. The range of motion was limited by pain. There was tingling and numbness into the lateral forearm and hand with the greatest over the thumb and middle finger which correlates with the C6-C7 dermatomal pattern. The physical exam of the lumbar spine showed tenderness with palpation of the paravertebral muscles with spasms. The seated nerve root test was positive. The standing flexion and extension were

guarded and restricted. The physical exam of the shoulder noted tenderness with palpation around the anterior glenohumeral region and subacromial space. The Hawkin's and impingement signs were positive. The treatment plan included prescriptions renewals for Nabumetone, Ondansetron and Lansoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. The claimant's pain was persistent and required invasive procedures. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks and the claimant required a PPI for prophylaxis. Continued use of Nabumetone is not medically necessary.

Lansoprazole (Prevacid) 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI and NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, Lansoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The continued use of NSAIDs as above was not medically necessary. The claimant was using the medication for prophylaxis while on NSAIDs. Therefore, the continued use of Lansoprazole is not medically necessary.

Ondansetron 8mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and anti-emetics and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses. The medication was used for medication related nausea. The Odansetron is not medically necessary.