

Case Number:	CM15-0127729		
Date Assigned:	07/14/2015	Date of Injury:	01/09/2002
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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:

This 62 year old female sustained an industrial injury to the neck, back, bilateral wrists, right elbow and bilateral shoulders on 1/9/02. Past medical history was significant for hypertension, obstructive sleep apnea and gastroesophageal reflux disease. Other comorbid conditions includes obesity (BMI 32.3) Documentation did not disclose recent magnetic resonance imaging. Urine drug screen in Dec 2014 was inconsistent with prescribed medications which the patient states is because she takes her medications intermittently. Recent treatment consisted of medication management. In a PR-2 dated 6/2/15, the injured worker complained of increased pain over the sacrum with numbness and tingling in bilateral great toes, bilateral shoulder pain and headaches. The injured worker rated her pain 4/10 on the visual analog scale, 10/10 at worst and 3/10 at best. The injured worker stated that Tramadol provided 50% relief of pain and allowed increased function. Without Tramadol the injured worker could not stand long enough to cook a meal. The injured worker stated that Prilosec controlled her gastroesophageal reflux disease. Current diagnoses included bilateral shoulder pain. The treatment plan included prescriptions for Tramadol, Zofran, Relpax, Prilosec and Zanaflex. Note: the Zofran was for nausea secondary to headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Chronic medications for pain; Opioids Page(s): 60-61, 74-96.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The patient's medical records showed use of tramadol in the past with good result and failed use of first line medication (tricyclic antidepressant). The provider is appropriately following this patient, has requested urine drug screenings and has documented 50% improvement in pain with use of her medications. Furthermore the patient is on a stable dose of pain medications. There is no documented contraindication for continued use of this medication. Medical necessity has been established.

Ondansetron 4mg #20 with 2 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. <http://bit.ly/Headache0113>. Updated January 2013.2) Flake ZA, Scalley RD, Bailey AG. Practical selection of antiemetics. Am Fam Physician. 2004 Mar 1;69(5):1169-74.

Decision rationale: Ondansetron (Zofran) is an antiemetic and serotonin 5-HT₃ receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Although multiple guidelines recommend treating migraine-induced nausea with adjunctive antiemetics there are no clinical practice guidelines that specifically directs use of Ondansetron in that role. However, more recent scientific articles include the use serotonin receptor antagonists as an acceptable therapy for migraine-induced nausea. It is

important to note that the FDA warns against using Ondansetron for nausea in patients with either heart disease or pregnancy. This patient has been using Ondansetron effectively to treat the nausea caused by her headaches. Considering all the above information, use of Ondansetron in this patient to treat her nausea caused by her headaches is a viable option. Medical necessity has been established.

Omeprazole 20mg #60 with 2 refills: Overturned

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address the opioid-induced dyspepsia issue either. Since chronic opioid use in this patient may cause dyspepsia, especially since she is at intermediate to high risk for this happening due to her esophageal reflux disease, use of omeprazole in this patient is an appropriate therapy. Medical necessity for use of this medication has been established.