

Case Number:	CM15-0042665		
Date Assigned:	03/12/2015	Date of Injury:	05/09/2012
Decision Date:	06/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York
 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 58-year-old male, who sustained an industrial injury on 5/9/2012. He reported pain of neck, low back, bilateral shoulders, bilateral wrists, right hip and bilateral knees. The injured worker was diagnosed as having cervical/lumbar discopathy, double crush syndrome, bilateral carpal tunnel syndrome, internal derangement bilateral shoulders, internal derangement bilateral hips, internal derangement bilateral knees, status post right surgery, internal derangement right ankle, and plantar fasciitis. Treatment to date has included physical therapy, cortisone injections, bracing, and medications. The request is for Ondansetron, Cyclobenzaprine Hydrochloride, Fenopropfen Calcium (Nalfon), Omeprazole, Tramadol ER, and Sumatriptan Succinate. On 1/13/2015, he complained of bilateral wrist pain rated 7/10, neck pain rated 8/10, low back pain rated 8/10, intermittent bilateral shoulder pain rated 4/10, right hip pain rated 4/10, bilateral knee pain rated 3/10, and right ankle pain rated 3/10. The records indicate he has exhausted attempts with physical therapy and cortisone injections. The treatment plan included: bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) -Pain Procedure Summary.

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

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. Therefore, the request is not medically necessary per guidelines.

Cyclobenzaprine Hydrochloride Tab 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. The injured worker complains of chronic low back and neck pain. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of muscle relaxants. Therefore, the request is not medically necessary per MTUS guidelines.

Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended

as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement on current medication regimen. Therefore, the request is not medically necessary per MTUS guidelines.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Proton Pump Inhibitors (PPIs) are indicated for treatment of gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. Therefore, the request is not medically necessary per MTUS guidelines.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of chronic pain in the neck, low back, bilateral shoulders, bilateral wrists, right hip and bilateral knees. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. Therefore, the request is not medically necessary per MTUS guidelines.

Sumatriptan Succinate 25mg #9 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 procedure summary.

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

Decision rationale: ODG recommend Triptans for migraine sufferers. Documentation provided indicates that that injured worker is being treated for Migraine and Tension headaches. With the opportunity to institute additional preventative or maintenance therapy for the injured worker's headaches, the continued use of Sumatriptan on as needed basis is reasonable and appropriate. Therefore, the request is medically necessary per guidelines.