

<b>Case Number:</b>	CM15-0060390		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male who sustained an industrial injury on 10/08/2013. Diagnoses include cervicalgia and lumbago. Treatment to date has included diagnostic studies, medications, left shoulder injection, and physical therapy. A physician progress note dated 01/08/2015 documents the injured worker complains of ongoing neck pain and the pain is characterized as sharp, and there is radiation of pain into the upper extremities. Range of motion is restricted with pain. Spurling's maneuver is positive. He has associated headaches that are migrainous in nature as well as tension between the shoulder blades. On a scale of 1-10, the pain is a 7. He has constant low back pain, which radiates to the lower extremities. Pain is rates as 7 out of 10. Range of motion is guarded and restricted. Seated nerve root test is positive. There is constant left shoulder pain and is rated as an 8 out of 10. There is reproducible symptomatology with internal rotation and forward flexion. Hawkins and impingement signs are positive. Medications help with symptomology and improve activities of daily living. The treatment plan is pending physical therapy, diagnostics, and referral to a pain management specialist for consideration of lumbar epidural injections. Treatment requested is for Fenoprofen Calcium (Nalfon) 400mg quantity 120, Omeprazole 20mg quantity 120, and Ondansetron 8mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium (Nalfon) 400mg quantity 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with pain in the neck, low back and left shoulder. The pain is rated a 7-8/10. The request is for Fenoprofen Calcium (Nalfon). The provided RFA is dated 01/05/15 and the patient's date of injury is 10/08/13. The diagnoses include cervicalgia and lumbago. Per 01/08/15 report, physical examination to the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Decreased range of motion and a positive Spurling's test. The lumbar spine has palpable paravertebral muscle tenderness with spasm and a positive seated nerve root test. The left shoulder has positive impingement signs and positive Hawkin's test. Patient's medications include Nalfon, Omeprazole and Ondansetron. The patient works on modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the use of Nalfon is not documented in any of the progress reports. A Request for Authorization form, dated 01/05/15, included the prescription for Naproxen "for inflammation and pain." The progress reports, however, do not document the duration of NSAID use. Additionally, the treating physician does not discuss the efficacy of the NSAIDs in terms of objective reduction in pain and improvement in function, as required by MTUS page 60. Therefore, this request is not medically necessary.

**Omeprazole 20mg quantity 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain in the neck, low back and left shoulder. The pain is rated a 7-8/10. The request is for Omeprazole 20mg Quantity 120. The provided RFA is dated 01/05/15 and the patient's date of injury is 10/08/13. The diagnoses include cervicalgia and lumbago. Per 01/08/15 report, physical examination to the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Decreased range of motion and a positive Spurling's test. The lumbar spine has palpable paravertebral muscle tenderness with spasm and a positive seated nerve root test. The left shoulder has positive impingement signs and positive Hawkin's

test. Patient's medications include Nalfon, Omeprazole and Ondansetron. The patient works on modified duty. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. In this case, the use of omeprazole is not documented in any of the progress reports. A Request for Authorization form, dated 01/05/15, included the prescription "for upset stomach". MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. In this case, there is no record or history of gastric problems, GI risks or complains of GI symptoms. The patient does not present with an indication for Omeprazole. Therefore, the request is not medically necessary.

**Ondansetron 8mg quantity 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with pain in the neck, low back and left shoulder. The pain is rated a 7-8/10. The request is for Ondansetron 8mg Quantity 30. The provided RFA is dated 10/21/14 and the patient's date of injury is 10/08/13. The diagnoses include cervicgia and lumbago. Per 01/08/15 report, physical examination to the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Decreased range of motion and a positive Spurling's test. The lumbar spine has palpable paravertebral muscle tenderness with spasm and a positive seated nerve root test. The left shoulder has positive impingement signs and positive Hawkin's test. Patient's medications include Nalfon, Omeprazole and Ondansetron. The patient works on modified duty. Ondansetron (Zofran) 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. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use. It 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." In this case, the use of ondansetron is not documented in any of the progress reports. A Request for Authorization form, dated 10/21/14, included the prescription "for stomach cramping/nausea". ODG guidelines recommend Ondansetron only for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operative use and acute gastroenteritis. The medical records provided do not show that the patient presents with any of the requirements needed for this prescription. Therefore, the request is not medically necessary.