

Case Number:	CM15-0062742		
Date Assigned:	04/08/2015	Date of Injury:	09/09/2003
Decision Date:	06/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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 63 year old male, who sustained an industrial injury on September 9, 2003. He reported restraining a juvenile from behind when they both fell forward, with the injured worker sustaining cuts and abrasions with immediate pain to the left knee. The injured worker was diagnosed as having lumbago and shoulder region disease. Treatment to date has included MRI, right knee surgery, physical therapy, Synvisc injection, and medication. Currently, the injured worker complains of frequent pain in the low back with radiation of pain into the lower extremities, and constant pain in the right shoulder. The Primary Treating Physician's report dated February 6, 2015, noted the injured worker with worsening right shoulder pain, noted to be an 8 on a scale of 1 to 10, with the low back pain unchanged, noted to be a 7 on a scale of 1 to 10. The lumbar spine was noted to have paravertebral muscle tenderness with spasm, a positive seated nerve root test, with standing flexion and extension guarded and restricted. Shoulder examination was noted to have tenderness around the anterior glenohumeral region and subacromial space, with Hawkins and impingement signs positive. The injured worker received an intra-articular injection into the right shoulder with immediate relief of pain. The treatment plan included refilling the injured worker's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg, Qty 120, 1 pill 3 times a day: 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): 67-68.

Decision rationale: California MTUS Guidelines recommend to use the lowest dose and to use as an option for short-term symptomatic relief for patients with moderate to severe pain. The patient states pain level is at 7- 8/10 pain and has been using medication for the past 4 years. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. For the aforementioned reasons, the use of fenoprofen calcium is not medically necessary.

Omeprazole 20mg, Qty 120, 1 by mouth 12 hour as needed: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: California MTUS Guidelines criteria determine if the patient is at risk for gastrointestinal events. The claimant was prescribed omeprazole for 4 years based on the medical records for upset stomach and prophylactic to protect the stomach and prevent any gastrointestinal complications associated with medication use. However, there is no current indication of the benefit on the recent examination. As such, the request for Omeprazole is not medically necessary.

Ondansetron 8mg ODT, Qty 30, 1 needed no more than 2/day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron (Zofran) and Anti-emetics (for opioid nausea).

Decision rationale: The California MTUS and ACOEM do not address Ondansetron 8 mg. Official Disability Guidelines do not recommend for nausea and vomiting secondary to chronic opioid use. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The medical records provided do not describe any recent surgery or treatment for cancer, there was no such appropriate use. As such, Ondansetron is not medically necessary.

Cyclobenzaprine 7.5mg, Qty 120 1 by mouth every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: California MTUS does not recommend this medication be in use longer than 2 to 3 weeks and states maximum dosage of 5 mg. The patient does not state any pain relief from the medication to support ongoing use and there is no documentation showing a decrease of the dosage every attempted. Muscle relaxants are not indicated for chronic pain; as such, the requested Cyclobenzaprine is not medically necessary.

Tramadol ER 150mg, Qty 90, once a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: California MTUS guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medical use, and side effects. There also should be satisfactory response to the treatment indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker does rate pain at 7-8/10 with no improvement in pain relief. There was also a lack of documentation of a recent urine drug screen performed within the last year to monitor compliance of the medication. As such, Tramadol ER 150 mg is not medically necessary.