MAXIMUS Federal Services

Case Number:	CM15-0063949		
Date Assigned:	04/09/2015	Date of Injury:	08/17/2011
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/03/2015

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, Hawaii
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 female, who sustained an industrial injury on 8/17/11. The injured worker was diagnosed as having cervical/lumbar discopathy, status post bilateral carpal tunnel releases, rule out bilateral shoulder internal derangement and rule out bilateral knee internal derangement. Treatment to date has included right shoulder injection, bilateral carpal tunnel release, physical therapy and oral medications. Currently, the injured worker complains of constant pain in right shoulder, constant pain in low back with radiation to lower extremities, frequent cervical spine pain with radiation to the upper extremities, frequent pain in bilateral wrists and frequent pain in bilateral knees. Physical exam noted tenderness to palpation around anterior glenohumeral region and subacromial pace of right shoulder with limited range of motion, palpable paravertebral muscle tenderness with spasm and limited range of motion of lumbar spine, tenderness at cervical paravertebral muscles and upper trapezial muscles with spasm and limited range of motion, tenderness over the volar aspect of bilateral wrists with limited range of motion and weakness of grip and tenderness at anterior joint line of bilateral knee with limited range of motion. The treatment plan consisted of request for (MRI) magnetic resonance imaging of lumbar spine and bilateral upper and lower (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies, MR arthrogram of right shoulder, physical therapy and continuation of oral medications including Tramadol ER, Cyclobenzaprine, Ondansetron, Omeprazole and Fenoprofen Calcium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right shoulder, low back with radiation down the lower extremities, cervical spine with radiation into the upper extremities, bilateral wrists, and bilateral knees. The current request is for Tramadol ER 150mg qty 90. The treating physician report dated 3/18/15 (31B) states, "Tramadol' is being prescribed for acute severe pain. Dosage is one tab a day as needed for pain. The medication is prescribed in accordance with the chronic pain medical treatment guidelines MTUS for continued use of opioids as noted on page 80. The patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition. The use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement in function." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The medical reports provided do not show how long the patient has been taking Tramadol but the treating physician does note in a report dated 3/18/15 that he is prescribing tramadol in accordance with the MTUS guidelines regarding continued opioid use. The report dated 2/25/15 (42B) notes that the patient's pain is 7-8/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient is currently released to work on modified work duty. The continued use of Tramadol has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The request is medically necessary, and recommendation is for authorization.

Cyclobenzaprine hydrochloride tablets 7.5mg qty 120: 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 Page(s): 63.

Decision rationale: The patient presents with pain affecting the right shoulder, low back with radiation down the lower extremities, cervical spine with radiation into the upper extremities,

bilateral wrists, and bilateral knees. The current request is for Cyclobenzaprine hydrochloride tablets 7.5mg qty 120. The treating physician report dated 3/18/15 (31B) states, "Cyclobenzaprine is being prescribed to the patient for the palpable muscle spasms noted during examination today. The patient is aware this medication should only be taken in short courses for acute spasms. The patient will also benefit from the off label capacity as a sleep aide as the chronic pain experienced does cause sleep disruption. This medicine should be taken by mouth every eight hours as needed not to exceed more than three per day." The MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The guidelines go on to state, "skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." MTUS does not recommend more than 2-3 weeks for use of this medication. The sole medical report provided does not indicate how long the patient has been prescribed this medication. In this case, while the physician does note that the patient is aware that the medication is to be taken in short courses, he does not document the maximum length of period in which the patient can take the medication. Furthermore, the current request for #120 Cyclobenzaprine tablets is excessive without documentation of functional improvement, and the medication is outside the 2-3 weeks recommended by the MTUS guidelines. The request is not medically necessary and recommendation is for denial.

Ondansetron 8mg ODT qty 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 Chapter.

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

Decision rationale: The patient presents with pain affecting the right shoulder, low back with radiation down the lower extremities, cervical spine with radiation into the upper extremities, bilateral wrists, and bilateral knees. The current request is for Ondansetron 8mg qty 30. The treating physician report dated 3/18/15 (31B) states, "Ondansetron is being prescribed to the patient today for nausea associated with headaches that are present with chronic cervical spine pain". This should be taken for nausea, no more than twice a day. The headache pain is associated with nausea and in fact ondansetron has been proven to be very effective with treating this particular type of nausea. The MTUS guidelines do not address the current request. The ODG guidelines have the following: "Ondansetron (Zofran): This drug 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. Acute use is FDA-approved for gastroenteritis." In this case, there is no evidence in the reports provided for review that show that the patient presents with nausea and vomiting secondary to chemotherapy, radiation treatment, post-operative use or gastroenteritis as required by the ODG guidelines regarding Antiemetics. The request is not medically necessary and recommendation is for denial.