MAXIMUS Federal Services

Case Number:	CM15-0071779		
Date Assigned:	04/22/2015	Date of Injury:	09/25/2012
Decision Date:	07/07/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 9/25/12. She reported neck pain, low back pain and pain in right shoulder and right wrist. The injured worker was diagnosed as having cervical radiculitis, chronic pain, lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included transforaminal epidural steroid injection bilateral L4-S1, oral medications, activity modifications, physical therapy and home exercise program. Currently, the injured worker complains of neck pain with radiation down left arm accompanied by tingling and numbness and occipital headaches and muscle spasms, low back pain with radiation down right lower extremity and bilateral shoulder pain with pain in right wrist. The injured worker states the transforaminal epidural steroid injection decreased spasms and is wearing off after one month. Physical exam noted vertebral tenderness of cervical spine with range of motion and tenderness of vertebral area of lumbar spine with limited range of motion. The treatment plan included request for cervical epidural injection and prescriptions for Cyclobenzaprine, Fenoprofen, Flurbiprofen patch, Lido/hyaluronic patch, Naproxen, Omeprazole, Orphenadrine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium 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, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of chronic use of NSAIDs such as fenoprofen to help treat the chronic pain related to her injury. However, there was insufficient evidence of significant benefit from previous use of this medication to justify its renewal. Records stated that pain levels were reported as being reduced from 8/10 to 7/10 on the pain scale with the use of all of the medications prescribed to her, including the fenoprofen, which is not a significant reduction in pain, and there was no report which separated out the benefit of fenoprofen independent of the other medications which would be required. Also, ongoing use of any NSAID is discouraged due to significant side effects. Therefore, considering the very limited benefit from its use and side effect profile, the fenoprofen will be considered medically unnecessary to continue.

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, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to suggest this worker was at an elevated risk for gastrointestinal events prior to the initiation of NSAIDs, and since the dose of fenoprofen is not high, there is no specific indication for this worker to continue a medication which also brings with it significant side effects. Also, this reviewer does not agree with continuing any NSAID on a chronic basis and due to this recommendation, there would be even less medical need for omeprazole. The request is not medically necessary.

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 Chapter, Ondansetron (Zofran), Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter, anti-emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, the record suggested ondansetron was used to help treat neck pain caused migrainous headache-associated nausea. However, this is not an indication which is approved for this medication. Also, there was no clear report found in the notes regarding how effective it was in this worker to help justify its continuation. Therefore, the request for ongoing ondansetron will be considered medically unnecessary.

Cyclobenzaprine hydrochloride 7.5mg #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, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was a record suggestive of chronic use of muscle relaxants such as cyclobenzaprine, which is not recommended for this drug class, and ongoing use of this medication would be inappropriate and medically unnecessary. Also, the request for 120 pills suggests that this request was not for any new acute flare-up of muscle spasm, for which there was no evidence in the notes.

Tramadol ER 150mg #90: Upheld

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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of chronic use of tramadol leading up to this request, but without clear documentation of this full review being completed with responses from these questions being documented in the notes provided for review. Although a vague and nonspecific report of pain reduction from 8/10 to 7/10 on the pain scale was reported regarding the collective use of all of her pain medications, including tramadol, there was insufficient reporting of functional gains and pain reduction directly related to the tramadol use, independent of the other medications. Therefore, without this clear evidence of significant benefit with use, the tramadol will be regarded as medically unnecessary at this time. Weaning may be indicated.