

<b>Case Number:</b>	CM15-0072488		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on 03/12/2008. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 03/03/2015 the injured worker has reported pain in neck that radiates to the upper extremities. On examination of the cervical spine there was noted palpable tenderness with spasm of paravertebral muscles. A positive axial loading compression test and positive Spurling maneuver. Range of motion was limited of cervical and lumbar spine. Left shoulder noted tenderness with a positive Hawkins and impingement sign. Rotator cuff function appears painful. The diagnoses have included cervical radiculitis versus neuropathy, left shoulder impingement syndrome with rotator cuff pathology. Treatment to date has included medication. The provider requested Cyclobenzaprine, Tramadol ER, Fenoprofen 400mg #120, Omeprazole 20mg #120 and Ondansetron 8mg ODT #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-74.

**Decision rationale:** Fenoprofen (Nalfon) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. The request, therefore, is not medically necessary.

**Omeprazole 20mg #120:** Overturned

**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.

**Decision rationale:** Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory medications (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since this patient is on chronic opioid medication and chronic NSAID medication the potential for developing dyspepsia is significant. It follows that use of omeprazole in this patient is appropriate. The request, therefore, is medically necessary.

**Ondansetron 8mg ODT #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Swegle JM1, Logemann C. Management of common opioid-induced adverse effects. Am Fam Physician. 2006 Oct 15;74(8):1347-54.

**Decision rationale:** Ondansetron (Zofran), is a serotonin 5-HT<sub>3</sub> receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery.

There are no clinical practice guidelines that directs opioid-induced nausea therapy although nausea and vomiting are known side-effects from opioid therapy. Peer review publications recommend treating opioid-induced nausea and vomiting with anti-psychotic, prokinetic agent, or serotonin antagonist medications. However, in reviewing the last three months medical notes for this patient the patient did not complain of any nausea or vomiting. The request, therefore, is not medically necessary.