

Case Number:	CM15-0074816		
Date Assigned:	04/24/2015	Date of Injury:	06/17/2011
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained an industrial injury to the cervical spine, right shoulder and bilateral upper extremities on 6/17/11. Previous treatment included magnetic resonance imaging and medications. In a PR-2 dated 2/5/15, the injured worker complained of constant cervical spine rated 8/10 on the visual analog scale with radiation to bilateral upper extremities associated with headaches, right shoulder pain rated 7/10, bilateral elbow pain rated 6/10 and bilateral wrist pain rated 6/10. Current diagnoses included cervical discopathy, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome and right shoulder anterior cruciate ligament arthropathy, rule out rotator cuff tear. The treatment plan included electromyography bilateral upper extremity, bilateral elbow sleeves, bilateral wrist braces and medications (Zofran, Omeprazole and Fenoprofen Calcium).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120 1 PO 12 PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Omeprazole 20 mg 120# 1 po 12 prn is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

Ondansetron 8mg ODT #30 1 PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 02/23/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics Page(s): 10.

Decision rationale: Ondansetron ODT 8 mg #30 1 prn is not medically necessary. The CA MTUS Guidelines indicates that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Additionally, continuous long-term treatment by an anti-emetic is not recommended. The medical records do not document length of time the claimant has been on Ondansetron. With long term use in this case, the requested medication is not medically necessary.

Fenoprofen Calcium (Nalfon) 400mg #120 1 Pill TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Fenoprofen Calcium (Nalfon) 400mg #120 1 pill TID is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.