

Case Number:	CM15-0076572		
Date Assigned:	04/28/2015	Date of Injury:	03/12/2008
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: North Carolina, Georgia
 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 45 year old female, who sustained an industrial injury on March 12, 2008. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbosacral spondylosis, lumbosacral spinal stenosis, right joint shoulder, cervical spine stenosis, and left shoulder impingement syndrome with rotator cuff pathology. Diagnostic studies were not included in the provided medical records. Treatment to date has included left shoulder steroid injections and medications including muscle relaxant, pain, non-steroidal anti-inflammatory, proton pump inhibitor, and anti-emetic. On March 3, 2015, the injured worker complains of persistent neck pain radiating into the upper extremities, greater on the left than the right. She complains of constant throbbing left shoulder pain and intermittent dull low back pain. Her pain is rated: cervical spine = 7/10, left shoulder = 8/10, and low back = 6/10. The cervical spine exam revealed palpable paravertebral muscles tenderness with spasm, positive axial loading compression test, limited range of motion with pain, no instability, and normal strength and sensation. The left shoulder exam revealed tenderness around the glenohumeral region and subacromial space, intact but painful rotator cuff function, reproducible symptomology with internal rotation and forward flexion, and no instability. The lumbar spine exam revealed a well-healed scar, guarded and restricted standing flexion and extension, and normal strength and sensation. The treatment plan includes 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. There is no documentation of response to this dose or of any trials of lower doses of fenoprofen calcium 400 mg #120 and it is not medically necessary.

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 Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and the requested NSAID (fenoprofen) is not medically necessary. Omeprazole therefore is not 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 Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

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

Decision rationale: CA MTUS is silent on the use of meclizine. Per ODG guidelines, antiemetics such as ondansetron are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies

of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Ondansetron is not medically necessary.