

Case Number:	CM15-0099900		
Date Assigned:	06/02/2015	Date of Injury:	12/31/2008
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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, New York

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 53 year old female, who sustained an industrial injury on 12/31/08. The diagnoses have included lumbar discopathy/hypermobility, rule out bilateral shoulder impingement, and rule out rotator cuff pathology and cervical discopathy with radiculitis. Treatment to date has included medications, activity modifications, work restrictions, diagnostics, chiropractic, and other modalities. Currently, as per the physician progress note dated 3/25/15, the injured worker complains of constant pain in the cervical spine that is aggravated by repetitive motions of the neck. The pain is sharp with radiation into the upper extremities and associated with headaches/migraines and with tension between the shoulder blades. The pain is worsening and rated 8/10 on pain scale. There is constant pain in the low back, which is sharp with radiation into the lower extremities. The pain is worsening and rated 8/10 on pain scale. There is constant pain in the bilateral shoulders that is throbbing and has been unchanged and rated 8/10 on pain scale. It is noted in the records that she is allergic to cortisone and therefore unable to undergo any epidural or cortisone injections and therefore consideration will be made for cervical spine and right shoulder surgery. The physical exam reveals cervical spine tenderness with spasm, positive axial loading compression test and positive Spurling's maneuver. The range of motion is limited due to pain. There is tingling and numbness in the shoulder and arm, forearm and hand. The lumbar spine exam reveals tenderness with spasm, positive seated nerve root test, standing flexion and extension range of motion are restricted and guarded, and there is tingling and numbness in the thigh, leg and foot. The bilateral shoulder exam reveals tenderness to palpation, positive Hawkins and impingement sign, there is pain with

terminal motion with limited range of motion, and there is weakness of the right shoulder rotator cuff function. Work status is modified with restrictions. There was no urine drug screen reports noted in the records, no diagnostic reports noted and no previous therapy sessions were noted in the records. The physician requested treatments included Fenoprofen calcium (Nalfon) 400mg #120, Lansoprazole (Prevacid) 30mg #120, Ondansetron 8mg ODT #30, Cyclobenzaprine HCL 7.5mg #120 and Tramadol ER 150mg #90.

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 NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The request for Fenoprofen is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of pain. It is unclear by the chart when Fenoprofen was first started. MTUS guidelines state that NSAIDS may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. Functional improvement was not documented. Therefore, the request is considered not medically necessary.

Lansoprazole (Prevacid) 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs NSAIDs, GI risk.

Decision rationale: The request for lansoprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless she is on chronic NSAIDs. Fenoprofen will not be certified. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.

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 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 Official Disability Guidelines (ODG) Pain, Ondansetron, Antiemetic drugs.

Decision rationale: The request is not considered medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. The patient did not have surgery or was not diagnosed with cancer. Therefore, she will not need Ondansetron and the request is considered not medically necessary.

Cyclobenzaprine HCL 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. Functional improvement was not documented. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no objective documentation of improvement in pain and function. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Because of these reasons, the request for Tramadol is not considered medically necessary.