

Case Number:	CM13-0056739		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2012
Decision Date:	06/17/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female who sustained CT injury dated 11/5/11 to 11/5/12. She complains of bilateral wrist pain due to extensive typing and neck pain due to answering telephones. The patient was evaluated on 10/10/13 at which time she complained of 6-7/10 cervical spine pain with headaches, and bilateral shoulder and wrist pain with numbness. 10/31/13 examination has demonstrated tenderness of the cervical spine paravertebral muscles with spasm. Positive Spurlings test and positive axial loading testing. There was painful and restricted cervical ROM and dysesthesia at the C6 and C7 dermatomes. Examination of the shoulders revealed positive impingement signs, tenderness anteriorly and pain with terminal ROM. Examination of the wrists and hands revealed tenderness bilaterally with positive Phalens and Tinel's signs. Diagnosis was cervical radiculopathy, carpal tunnel/double crush syndrome, R/O bilateral shoulder internal derangement. Prior Utilization Review on 10/21/13 recommended to non-certify Omeprazole delayed release, Ondansetron, cyclobenzaprine, and naproxen. The prior peer reviewer noted that absent the intended medication dosage, quantity, and functional response to previous use, the requested medications could not be certified. The medical records now provide additional information for the requested medications. Naproxen is requested for #120, 1 p.o. Q 12 hours with food PRN, omeprazole #120, 1 p.o. p.r.n. for upset stomach, Ondansetron 8 mg #30 p.r.n. for upset stomach/cramping/pain/nausea, cyclobenzaprine 7.5 mg #120, 1 p.o. 8 hours for pain and spasm. Request was also made for Tramadol and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The medical records do not establish evidence of GI disease, GERD symptoms, and risk factors nor anticipated intolerance of the prescribed NSAID. Furthermore, as noted in page 68 of Chronic Pain Medical Treatment Guidelines, long-term use of PPI has been shown to increase the risk of hip fracture. The request is not medically necessary or appropriate.

Ondansetron: 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).

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

Decision rationale: According to the Official Disability Guidelines (ODG), Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. ODG also notes that this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient does not meet the criteria noted per the evidenced based guidelines to be provided with this medication. The request is not medically necessary or appropriate.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: According to the cited guidelines, muscle relaxants are not recommended for chronic pain. Muscle relaxants are recommended for acute exacerbations. References state that prolonged use of medications in this class may lead to dependence and efficacy appears to diminish over time. The request is not medically necessary or appropriate.

Naproxen Sodium: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The patient complains of pain and an examination determined multiple areas of tenderness. The request is for Naproxen 550 mg, one p.o. Q 12 hours. This medication would be supported to address the inflammatory component of this patient's condition according to the Chronic Pain Medical Treatment Guidelines. The request is medically necessary and appropriate.