MAXIMUS Federal Services

Case Number:	CM14-0142053		
Date Assigned:	09/10/2014	Date of Injury:	06/11/2007
Decision Date:	10/20/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of June 11, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; unspecified amounts of physical therapy; earlier left shoulder surgery; earlier cubital tunnel release surgery; earlier cervical fusion surgery; earlier carpal tunnel release surgeries; and the apparent imposition of permanent work restrictions though a Medical-legal Evaluation of June 4, 2014. In a Utilization Review Report dated August 9, 2014, the claims administrator retrospectively denied a request for Omeprazole, Ondansetron, Orphenadrine, Tramadol, and Terocin. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation of June 4, 2014, the applicant was given a 46% whole-person impairment rating. Permanent work restrictions were proposed. The applicant did not appear to be working with said limitations in place. In a February 7, 2014 progress note, the applicant presented with multifocal neck, shoulder, bilateral elbows, bilateral wrists, and low back pain status post cervical fusion surgery and status post left shoulder surgery. The applicant was placed off of work, on total temporary disability. Medications were reportedly refilled under a separate cover. There was no discussion of medication efficacy incorporated into the progress note. In a handwritten note dated March 7, 2014, the applicant presented with persistent complaints of neck pain. The applicant was asked to continue physical therapy and a bone stimulator. The applicant was placed off of work, on total temporary disability. Once again, there was no explicit discussion of medication efficacy. In a prescription form dated March 18, 2014, the attending provider refilled prescriptions for Flexeril, Imitrex, Ondansetron, Prilosec, Tramadol, and Terocin, again with no explicit discussion of medication efficacy. On May 5, 2014, the applicant

was again placed off of work, on total temporary disability, in another handwritten progress note, extremely difficult to follow. Prescriptions were again reportedly refilled on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20 mg # 120, DOS 07/02/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there was no explicit mention or discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes in question. Therefore, the request was not medically necessary.

Retrospective request for Ondansetron 8 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is FDA approved in the management of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had had any cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question, July 2, 2014. Therefore, the request is not medically necessary.

Retrospective request for Orphenadrine 100 mg # 120 DOS 07/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine (Norflex) are indicated for short-term use purposes, to treat acute exacerbations of chronic pain. Orphenadrine is not, thus, indicated for the chronic, long-term, and scheduled use purpose implied here via the 120-tablet supply sought. Therefore, the request was not medically necessary.

Retrospective request for Tramadol 150 mg # 90 DOS 07/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was seemingly off of work, on total temporary disability, for large portions of the claim. There was no explicit discussion of medication efficacy incorporated into any of the above-referenced progress notes. The attending provider failed to outline any tangible material improvements in function achieved as a result of the same. Therefore, the request was not medically necessary.

Retrospective request for Terocin Patch # 30 DOS 07/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are "largely experimental." In this case, it is further noted that the applicant was seemingly receiving Terocin, despite the unfavorable MTUS position on the same. The applicant had, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Terocin. Significant complaints of neck and low back pain persisted, despite ongoing usage of the same. Ongoing usage of Terocin failed to curtail the applicant's dependence on opioid agents such as tramadol. The applicant had failed to return to work. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.