

<b>Case Number:</b>	CM14-0156497		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 38-year-old female who reported an injury on 04/01/2011. The mechanism of injury was not specified. The injured worker's diagnoses were cervicalgia, cubital tunnel syndrome, bilateral severe upper extremity weakness, status post bilateral thoracic outlet surgeries, and left elbow surgery. Her previous treatments included epidural steroid injections, physical therapy, and medications. The injured worker's diagnostics included an MRI of the cervical spine, MRI of the left shoulder, electrodiagnostic studies of bilateral upper extremities, and x-rays of the cervical spine. Her surgeries included a C5-6 anterior cervical discectomy and fusion, left cubital tunnel release, bilateral thoracic outlet surgeries, and left elbow surgery. On 08/12/2014 the injured worker complained of constant pain in the cervical spine that was aggravated by repetitive motions of the neck such as pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain was sharp and radiated into her upper extremities. She reported that there was constant pain in the left elbow that was aggravated by lifting, gripping, grasping, pushing, pulling, as well as torqueing activities. The physical examination revealed tenderness over the elbow about the lateral epicondyle, medial epicondyle, and olecranon groove. Examination of the cervical spine revealed that there was tingling and numbness into the lateral forearm and hand. Her most recent medications were not provided. The treatment plan was for Fenoprofen calcium (Nalfon) 400 mg #120, omeprazole 20 mg #120, ondansetron ODT 8 mg #30, and tramadol ER 150 mg #90. The rationale for the request and the Request for Authorization form were not provided.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** Based on the clinical information submitted for review, the request for Fenoprofen calcium (Nalfon) 400 mg #120 is not medically necessary. According to the California MTUS Guidelines, nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain for those that have osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and for those with gastrointestinal risk factors. The injured worker complained of constant pain the cervical spine and in the left elbow. There was repetitive documentation of constant pain in the cervical spine and in the left elbow so it is unclear as to how the medication has been beneficial to the injured worker. Also, it is unknown what other medication treatments the injured worker has tried and failed as the clinical information submitted for review did not provide that information. The guidelines indicate that for mild to moderate pain acetaminophen may be considered as an initial therapy however the documentation did not specify whether or not she has previously tried this particular medication. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Fenoprofen calcium (Nalfon) 400 mg #120 is not medically necessary.

**Omeprazole 20mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**Decision rationale:** Based on the clinical information submitted for review, the request for omeprazole 20mg #120 is not medically necessary. According to the California MTUS Guidelines, the prescribing physician should determine if the patient is at risk for gastrointestinal events such as: over the age of 65 years; history of a peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. It is noted that recent studies tend to show that H. pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The injured worker complained of constant pain the cervical spine and in the left elbow. There is insufficient documentation suggesting that the injured worker suffered from a peptic ulcer or GI bleeding as it is indicated in the guidelines as a recommendation for use of a proton pump inhibitor. Also, the injured worker did not appear to be at risk since she was under the age of 65 years old and there was no documentation showing that she was on a high dose/multiple NSAID. Her most recent medications were not provided. It is shown that H. pylori does not act synergistically with NSAIDs to develop

gastroduodenal lesion, therefore not supporting the request for omeprazole. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for omeprazole 20mg, #120 is not medically necessary.

**Ondansetron ODT 8mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Emetics (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, Antiemetics (for opioid nausea)

**Decision rationale:** Based on the clinical information submitted for review the request for ondansetron ODT 8mg #30 is not medically necessary. As stated in the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The injured worker reported constant pain the cervical spine and in the left elbow. In the clinical note dated 05/13/2014 it was noted that the injured worker was taking medication to treat her leukemia which was causing nausea. It was noted that she was taking Zofran at the time, however, there was not a more recent list of medications provided. Her most recent documentation submitted for review did not provide any information with regard to her continuing to take her chemo medication or any complaints of nausea. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for ondansetron ODT 8mg, #30 is not medically necessary.

**Tramadol ER 150mg, #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Tramadol

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

**Decision rationale:** Based on the clinical information submitted for review the request for tramadol ER 150mg #90 is not medically necessary. According to the California MTUS Guidelines, tramadol is a synthetic opioid used for moderate to severe pain. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker complained of constant pain in the cervical spine as well as in her left elbow. Her cervical spine pain was unchanged and rated at 8/10. She reported that her elbow pain was improving and rated it at 5/10. The guidelines indicate that there should be a detailed pain assessment done at every visit, however, there was a lack of clinical documentation showing that the physician had performed a detailed

pain assessment. Furthermore, the clinical information submitted for review should include continuous documentation of appropriate medication use which includes a recent urine drug screen, which the documentation lacked the information. The request failed to provide the frequency of the medication as prescribed. As such, the request for tramadol ER 150mg, #90 is not medically necessary.