

Case Number:	CM13-0001590		
Date Assigned:	05/02/2014	Date of Injury:	01/20/1975
Decision Date:	07/08/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	07/16/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 64-year-old male who was injured on 1/20/1975. The diagnoses listed are low back pain, right hip pain and bilateral lower extremities pain. The lumbar spine MRI showed multilevel spondylosis. The patient had completed physical therapy (PT) and aquatic therapy but declined back surgery. On 7/11/2013, [REDACTED] noted subjective complaints of low back pain with associated numbness and tingling but examination showed negative straight leg raising sign and normal reflexes, sensation, motor power and gait. A nerve conduction study (NCS) of the lower extremities nerves was unremarkable. A Utilization Review decision was rendered on 7/3/2013 recommending non-certification for omeprazole DR 20mg #120, ondansetron ODT 8mg, tramadol ER 150mg #90, Medrox ointment 120mg #2 and modified certification for cyclobenzaprine 7.5mg #120 to #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

Decision rationale: The CA MTUS addressed the use of anti-spasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that only non-sedating muscle relaxants be used when necessary as second-line option for the short-term treatment of acute exacerbations of symptoms that are non-responsive to standard treatment including NSAIDs, physical therapy and exercise. The short-term course of treatment should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. This patient has been utilizing muscle relaxants for many years. There is no documentation of chronic intractable muscle spasm or spasticity.

60 ONDANSETRON ODT 8MG: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiemetics Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics.

Decision rationale: The CA MTUS did not fully address the use of antiemetics in the prevention and treatment of medication induced nausea and vomiting. The ODG does not recommend the chronic use of antiemetics medications. The nausea and vomiting associated with opioid medications are usually self-limiting. Ondansetron is FDA approved for the short-term treatment of nausea and vomiting associated with chemotherapy, radiation therapy, surgery and acute gastroenteritis. The patient did not meet this criterion. There is no documentation of intractable nausea and vomiting. The patient is concurrently utilizing omeprazole.

120 OMEPRAZOLE DR 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-71.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors (PPI) for gastrointestinal protection during chronic NSAIDs treatment. The chronic use of NSAIDs is associated with cardiovascular, gastrointestinal and renal complications. This risk is significantly increase is patient with history of coexisting Gastroesophageal reflux disease (GERD), dyspepsia, Peripheral vascular disease (PVD), age greater than 65 years and history of previous gastrointestinal (GI) bleed. The available records did not show that the patient is on chronic NSAID treatment. There is no documentation of significant high risk pre-existing condition that will require treatment with proton pump inhibitors.

2 PRESCRIPTIONS OF MEDROX PAIN RELIEF OINTMENT 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of chronic pain syndromes. Topical analgesic preparations can be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The record does not indicate that the patient have failed treatment with these medications. The Medrox topical ointment contains menthol 5%, capsaicin 0.0375% and methyl salicylate 20%. The guideline does not recommend topical preparations that contain non-FDA approved products. Medrox ointment contains menthol that does not have FDA approved indication for the treatment of chronic musculoskeletal pain.

90 TRAMADOL HYDROCHLORIDE ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 113.

Decision rationale: The CA MTUS addressed the use of tramadol for the treatment of chronic pain syndrome. Tramadol ER is an extended release formulation analgesic that acts on opioid and non-opioid receptors. Tramadol is associated with less opioid addictive and sedative properties than pure opioid analgesics. The guideline recommend that the use of opioids be limited to short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non-responsive to standard treatment with NSAIDs, physical therapy and exercise. On 7/11/2013, [REDACTED] did not document any significant objective physical findings associated with the presence of a severe pain syndrome.