

Case Number:	CM13-0003583		
Date Assigned:	10/11/2013	Date of Injury:	10/13/2012
Decision Date:	01/16/2014	UR Denial Date:	07/14/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain reportedly associated with an industrial injury of October 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medication; muscle relaxants; attorney representation; transfer of care to and from various providers in various specialties; and apparent return to regular work. In a Utilization Review Report of July 12, 2013, the claims administrator denied a request for Naprosyn, Flexeril, Zofran, Prilosec, and Tramadol. The applicant's attorney subsequently appealed, on July 25, 2013. A later note of August 7, 2013 is notable for comments that the applicant presents with persistent low back pain, exhibits pain with motion, and has tenderness about the distal lumbar spine. Recommendations were made for the applicant to pursue physical therapy and return to regular duty work. An earlier note of July 8, 2013 is notable for comments that the applicant is not presently taking any medications, has low back pain radiating to the leg, and is asked to obtain electrodiagnostic testing, lumbar MRI imaging, and employ various medications. It is stated that these are issued and dispensed from the clinic under separate cover. ¶¶

IMR ISSUES, DECISIONS AND RATIONALES

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

Naxproxen 550mg, #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for chronic low back pain, as is present here. The applicant does have ongoing low back complaints. Contrary to what was suggested by the claims administrator, Naprosyn is a first-line treatment for the same. Therefore, the original Utilization Review Decision is overturned. The request is certified.

Cyclobenzaprine 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several other analgesic and adjuvant medications. Adding cyclobenzaprine on a scheduled four times a day basis such as that being proposed here is not recommended. Therefore, the request is not certified.

Ondansetron 8mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acute Pain and Pain Control

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

Decision rationale: The MTUS does not address the topic. As noted in the ODG Ondansetron Topic, Ondansetron or Zofran is not recommended for nausea and/or vomiting secondary to chronic opioid use. While a limited amount of Zofran could have been supported for temporary use purposes, the 60 tablets issued by the attending provider cannot as this implies regular, chronic, twice daily usage. Therefore, the request is not certified.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, Omeprazole and Prilosec is indicated in the treatment of dyspepsia secondary to NSAID usage. In this case, however, there is no clear mention of dyspepsia secondary to NSAID usage in either the July or August 2013 progress notes referenced above. Therefore, the request is not certified.

Tramadol ER 150mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 83, 94.

Decision rationale: As noted on Page 83 and 94 of the MTUS Chronic Pain Medical Treatment Guidelines, weak opioids such as tramadol are recommended on a trial basis for short-term use in the management of moderate to severe pain, as appears to be present here. In this case, the request in question appears to represent a first-time request for Tramadol. Given the claimants ongoing complaints of moderate-to-severe low back pain, there is no reason why a trial of Tramadol should not have been initiated. Therefore, the original utilization review decision is overturned. The request is certified.