

Case Number:	CM13-0004894		
Date Assigned:	07/29/2013	Date of Injury:	04/08/2013
Decision Date:	01/23/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31 YO, M with a date of injury on 4/8/13. The doctor's first report, dated 7/9/13 by [REDACTED], noted that the patient complained of intermittent 7/10 low back pain that radiates to the right. The patient's diagnose is lumbago. The patient was instructed to perform a home exercise program and was able to return to his usual work. The patient was prescribed Naproxen 550 mg # 100 ½ tablet b.i.d. as needed, cyclobenzaprine 7.5 mg #120 no more than 3 a day for a short course treatment of the palpable paravertebral muscle spasms noted in the cervical and lumbar spine exam, Ondansetron 8 mg #60 to be taken as needed for nausea, Omeprazole 20 mg #120 as needed for upset stomach in conjunction with NSAID therapy, and Tramadol ER 150 mg #90 for acute severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #100: Overturned

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

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

Decision rationale: The doctor's first report dated 7/9/13 by [REDACTED] noted that the patient complained of intermittent 7/10 low back pain that radiates to the right. The patient's diagnosis is lumbago. The patient was instructed to perform a home exercise program and was able to return to his usual work. The patient was prescribed Naproxen 550 mg # 100 ½ tablet b.i.d. as needed. California Medical Treatment Utilization Schedule (MTUS) pg. 22 states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume. The patient's date of injury was on 4/8/13, and his symptoms are reported as intermittent. The patient was instructed to take ½ of a tablet at a time, which is a reasonable dose to start with for this patient. Treatment is medically necessary and appropriate.

Cyclobenzaprine 7.5mg #120: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The doctor's first report dated 7/9/13 by [REDACTED] noted that the patient complained of intermittent 7/10 low back pain that radiates to the right. The patient's diagnosis is lumbago. The patient was instructed to perform a home exercise program and was able to return to his usual work. The patient was prescribed Cyclobenzaprine 7.5 mg #120, no more than 3 a day for a short course treatment of the palpable paravertebral muscle spasms noted in the cervical and lumbar spine exam. No other progress reports were provided for review. California Medical Treatment Utilization Schedule (MTUS) pg. 63 recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. This medication is reasonable in this case as the patient was experiencing an acute flare-up and was also prescribed an anti-inflammatory, which is considered first-line. However, California (MTUS) does not recommend this medication to be used for longer than 2-3 weeks. The request for #120 tablets appears to exceed the recommended amount for a short course of treatment. Treatment is not medically necessary and appropriate.

Ondansetron 8mg #60: Upheld

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

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: The Physician Reviewer's decision rationale: The doctor's first report dated 7/9/13 by [REDACTED] noted that the patient complained of intermittent 7/10 low back pain that radiates to the right. The patient's diagnosis is lumbago. The patient was instructed to perform a home exercise program and was able to return to his usual work. The patient was prescribed Ondansetron 8 mg #60, to be taken as needed for nausea. No other progress reports were

provided for review. California Medical Treatment Utilization Schedule (MTUS) does not discuss the use of antiemetics for opioid nausea; therefore a different guideline was reviewed. Official Disability Guidelines (ODG) states that Ondansetron is FDA-approved for acute use for gastroenteritis, but it is not recommended for nausea and vomiting secondary to chronic opioid use. The records do not indicate that the patient had a history of gastroenteritis. The requested treatment is not medically necessary and appropriate.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The doctor's first report dated 7/9/13 by [REDACTED] noted that the patient complained of intermittent 7/10 low back pain that radiates to the right. The patient's diagnosis is lumbago. The patient was instructed to perform a home exercise program and was able to return to his usual work. The patient was prescribed Omeprazole 20 mg #120, as needed for upset stomach in conjunction with NSAID therapy. No other progress reports were provided for review. California Medical Treatment Utilization Schedule (MTUS) recommends Omeprazole for treatment of dyspepsia secondary to NSAID therapy. The records do not indicate that the treater assessed the patient's GI risk factors such as, (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Recommendation is not medically necessary and appropriate.

Tramadol HCl ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,93,94.

Decision rationale: The doctor's first report dated 7/9/13 by [REDACTED] noted that the patient complained of intermittent 7/10 low back pain that radiates to the right. The patient's diagnosis is lumbago. The patient was instructed to perform a home exercise program and was able to return to his usual work. The patient was prescribed Tramadol ER 150 mg #90 for acute severe pain. No other progress reports were provided for review. California Medical Treatment Utilization Schedule (MTUS) pg. 93-94 states that Tramadol is indicated for moderate to severe pain. For Ultram ER: Patient currently not on immediate release Tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed. The records do not indicate that the patient had been on immediate release Tramadol. Therefore the requested dose appears to exceed the starting dose recommended by MTUS for this patient. Recommendation is not medically necessary and appropriate.

