MAXIMUS Federal Services

Case Number:	CM13-0008915		
Date Assigned:	10/11/2013	Date of Injury:	09/01/1988
Decision Date:	02/05/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 Orthopedic Surgery has a subspecialty in and is licensed to practice in Michigan, Nebraska, and Texas. 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.

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 47-year-old male who reported a work-related injury on 09/01/1988 due to wearing a heavy gun belt, as well as prolonged sitting and repetitively getting in and out of a patrol vehicle. The patient complains of constant pain in the low back that radiates down to the lower extremities. The patient has been treated with physical therapy and medications. His diagnosis is listed as lumbar discopathy/facet arthropathy. The treatment plan included injections, physical therapy and medication. The treatment plan is for a course of physical therapy and medication. The patient's medications included Naproxen, Cidaflex, Odansetron, omeprazole, Cyclobenzaprine, and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Omeprazole DR 20 mg: 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), Pain Chapter

Decision rationale: Clinical note dated 09/19/2011 stated the patient was dispensed medication in the form of naproxen for inflammation, omeprazole as needed for upset stomach to be taken in conjunction with his pain and anti-inflammatory medications to prophylactically protect his

stomach and to prevent any GI complications from taking these medications, Ondansetron for nausea, gabapentin for neuropathic pain, Tizanidine Hydrochloride for muscle spasm and Medrox ointment for minor aches and muscle pain. Clinical note dated 07/22/2013 stated the patient presented with persistent pain of the low back that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Physical exam of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes. The patient was provided intramuscular injections on this date of Toradol for symptomatic relief, and his medications were dispensed to him. Official Disability Guidelines state that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In general, the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Per clinical documentation submitted, the patient has been on this medication for over 2 years. In the clinical documentation presented, there is no evidence showing the patient had any signs or symptoms of gastrointestinal distress. The patient was noted to have low back pain; however, the documentation presented did not indicate the patient had a history of gastrointestinal complaints. Furthermore, there was no record of the patient being at risk for GI events. As such, the request for omeprazole DR 20 mg is non-certified.

Ondansetron ODT 8 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

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

Decision rationale: Clinical note dated 09/19/2011 stated the patient was dispensed medication in the form of Naproxen for inflammation, Omeprazole as needed for upset stomach to be taken in conjunction with his pain and anti-inflammatory medications to prophylactically protect his stomach and to prevent any GI complications from taking these medications, Ondansetron for nausea, Gabapentin for neuropathic pain, Tizanidine Hydrochloride for muscle spasm and Medrox ointment for minor aches and muscle pain. Clinical note dated 07/22/2013 stated the patient presented with persistent pain of the low back that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Physical exam of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes. The patient was provided intramuscular injections on this date of Toradol for symptomatic relief, and his medications were dispensed to him. Official Disability Guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is unclear per submitted documentation the reason the patient is prescribed Ondansetron. He was not noted in the submitted documentation to have any signs or symptoms of nausea or vomiting. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy, radiation and postoperative use. Acute use is FDA approved for gastroenteritis. There is a lack of documentation stating the patient had a history of nausea or vomiting nor does the patient have a condition in which his anti-emetic medication would be necessary. Also, there was not a

recent medication list for the patient included in the submitted documentation. Therefore, the request for Ondansetron ODT 8 mg is non-certified

Cyclobenzaprine Hydrochloride 7.5 mg: Upheld

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

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

Decision rationale: Clinical note dated 09/19/2011 stated the patient was dispensed medication in the form of naproxen for inflammation, omeprazole as needed for upset stomach to be taken in conjunction with this pain and anti-inflammatory medications to prophylactically protect his stomach and to prevent any GI complications from taking these medications, Ondansetron for nausea, Gabapentin for neuropathic pain, Tizanidine Hydrochloride for muscle spasm and Medrox ointment for minor aches and muscle pain. Clinical note dated 07/22/2013 stated the patient presented with persistent pain of the low back that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Physical exam of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes. The patient was provided intramuscular injections on this date of Toradol for symptomatic relief, and his medications were dispensed to him. California Medical Treatment Guidelines for chronic pain recommend Cyclobenzaprine as an option, using a short course of therapy. According to evidence-based guidelines, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The effectiveness of muscle relaxants diminishes over time with an increased probability of dependence. Per submitted clinical documentation, it was unclear when the patient began treatment with Cyclobenzaprine. Guidelines state that treatment with Cyclobenzaprine should be brief and the addition of Cyclobenzaprine to other agents is not recommended. There was also not a current list of the patient's medications submitted. Clinical documentation submitted does not support the use of cyclobenzaprine. As such, the request for Cyclobenzaprine Hydrochloride 7.5 mg is non-certified.

Retrospective request for 30 Sintralyne PM: 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), Pain Chapter, Melatonin and Other Medical Treatment Guideline or Medical Evidence: http://www.physiciansofficeresource.com/.../sintralyne-pm-melatonin-gamma

Decision rationale: CA MTUS/ACOEM does not address the request. Official Disability Guidelines state melatonin is recommended for insomnia treatment. The clinical documentation submitted for review does not meet the guideline recommendations. The clinical documentation

submitted for review states the patient complained of pain due to a repetitive nature injury on 09/01/1988. There is a lack of documentation indicating the efficacy of this medication to support continued use. As such, the request is non-certified.