

Case Number:	CM13-0009170		
Date Assigned:	09/16/2013	Date of Injury:	12/18/2000
Decision Date:	01/31/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/08/2013

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 Pain Management 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:

This is a male patient with a date of injury of 12/18/2000. A utilization review determination dated 7/20/13 recommends certification of naproxen and cyclobenzaprine and non-certification of ondansetron, omeprazole, Medrox, and tramadol. A progress report dated 5/30/13 identifies subjective complaints including, "intermittent pain in the low back...some tingling and numbness in the lower extremities the patient is currently taking Nasonex." Objective examination findings identify, "pain and tenderness in the mid to distal lumbar segments, there is paravertebral muscle spasm. Standing flexion and extension are guarded and restricted. Dysesthesia in the lower extremities in what appears to be the L5-S1 dermatome is noted, the right side more pronounced than on the left." Diagnoses state, "lumbar discopathy." Treatment plan recommends, "MRI of the lumbar spine; EMG/NCV (electromyogram and nerve conduction studies of the bilateral lower extremities; physical therapy; Naproxen; Cyclobenzaprine; Ondansetron; Omeprazole; Medrox and Tramadol."

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ondansetron 8mg, DOS: 5/30/2013, between 5/30/2013 and 5/30/2013: 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, Antiemetics (for opioid nausea)

Decision rationale: Regarding the request for Ondansetron, California Chronic Pain Medical Treatment Guidelines, does not address this medication. ODG Official Disability Guidelines states that it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative nausea, and gastroenteritis. Within the documentation available for review, there is no documentation of any nausea and/or vomiting. In the absence of such documentation, the currently requested Ondansetron is not medically necessary.

120 Omeprazole 20mg, DOS: 5/30/2013, between 5/30/2013 and 5/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole, California Chronic Pain Medical Treatment Guidelines, states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID (non-steroidal anti-inflammatory drugs) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

2 prescriptions of Medrox pain ointments DOS: 5/30/2013, between 5/30/2013 and 5/30/2013: Upheld

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

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

Decision rationale: Regarding the request for Medrox, California Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs (non-steroidal anti-inflammatory drugs) are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." None of the above has been documented. Additionally, capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has also not been documented. Furthermore, an oral NSAID was certified at the time of the UR determination. In light of the above issues, the currently requested Medrox is not medically necessary

90 Tramadol 150mg, DOS: 5/31/2013, between 5/30/2013 and 5/30/2013: Upheld

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

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

Decision rationale: Regarding the request for tramadol, California Chronic Pain Medical Treatment Guidelines notes that it is indicated for moderate to severe pain. Within the documentation available for review, there is no documentation of quantified pain levels supportive of the need for initiating opioid analgesics in addition to the NSAID (Non-Steroidal Anti-Inflammatory Drugs) that was prescribed. In the absence of such documentation, the currently requested Tramadol is not medically necessary