

Case Number:	CM13-0013562		
Date Assigned:	04/18/2014	Date of Injury:	05/04/2012
Decision Date:	07/21/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/17/2013

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 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 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 claimant was injured on 5/4/12 while working as a firefighter. He has been diagnosed with lumbar discopathy with bilateral hip internal derangement. He is status post right knee and hip surgery and right inguinal hernia repair. His medications are under review. He saw [REDACTED] on 3/7/13. He also had lumbar degenerative disc disease. He reported constant pain in his low back and hips; nothing was helping. His medications included tramadol and nabumetone, and he was working regular duty. He saw [REDACTED] on 4/3/13 for an initial consultation. He had been asymptomatic in the low back and left hip prior to 5/4/12 when he stepped down from the fire engine. He had been working regular duty. He had had medication, physical therapy, and cortisone injections into his hips, and had had x-rays and MRIs. His left hip was initially more symptomatic, but currently his right hip was more painful. He was unable to workout as he normally did. He had difficulty with his activities of daily living. His medications included aspirin, Ultram, Celebrex, and nabumetone. He was diagnosed with bilateral hip osteoarthritis. He remained on regular work duty. He was seen by [REDACTED] on 5/13/13 for an initial consult orthopedic evaluation. He had taken Motrin and aspirin in the past for pain, but was not currently on any pain medications. Studies were ordered. He was prescribed naproxen, cyclobenzaprine, ondansetron, omeprazole, tramadol ER, and Medrox pain relief ointment. He had pain in multiple areas. On 1/9/14, [REDACTED] stated that he was taking naproxen, cyclobenzaprine, ondansetron, tramadol, and Terocin patches. On 2/7/14, he saw [REDACTED] again. He had low back tenderness and also tenderness and limited range of motion of the left hip. Seated nerve root test was positive. Acupuncture was ordered and the chiropractic was stopped because it was not helping. Lumbar epidural steroid injections were under consideration. He was to continue his medications, but they were not listed. He saw [REDACTED] on 3/26/14. He still had low back pain that radiated through his hips and lower extremities left greater than right with numbness and

tingling in both lower extremities. He had stiffness and occasional spasms. His symptoms were aggravated depending on the day and activity level and were alleviated with rest, ice, heat, and over-the-counter medications. He has recently been authorized for acupuncture. His medications included aspirin, Motrin, and Ambien infrequently. He had a diagnosis of collapse of L5-S1 disc space and bilateral total hip arthroplasty. He continued to be symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 6/17/13) FOR ONDANSETRON ODT 8MG #30:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2014: Zofran.

Decision rationale: This medication is used to control or prevent nausea and vomiting and is typically used for patients who are on chemotherapy or radiation therapy or after surgery, among other possible indications. In this case, the specific indications for its use have not been described and none can be ascertained. There is no evidence of complaints of severe nausea that has not been controllable in other ways. The medical necessity of this medication has not been clearly demonstrated.

RETROSPECTIVE REQUEST (DOS: 6/17/13) FOR CYCLOBENZAPRINE HCL 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 Page(s): 74.

Decision rationale: The MTUS Chronic Pain Medical Treatment guidelines state that Cyclobenzaprine state is may be recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Additionally, the MTUS states that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function prior to use and then with the medication should be recorded. The medical documentation provided does not establish the

need for long-term/chronic usage of Cyclobenzaprine. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimants pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, the request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 6/17/13) FOR MEDROX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that topical agents may be recommended as an option, but they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other oral medications and there is no evidence of intolerance or lack of effect to support the use of topical analgesics. The medical necessity of this request has not been clearly demonstrated.

RETROSPECTIVE REQUEST (DOS: 6/17/13) FOR TRAMADOL HCL 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant received several other medications with no documentation of side effects or lack of effectiveness of first line analgesics. Additionally, the MTUS states that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1-3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The expected benefit or indications for the use of this medication have not been stated. As such, the request is not medically necessary.

