

Case Number:	CM13-0013619		
Date Assigned:	06/06/2014	Date of Injury:	11/08/2011
Decision Date:	07/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured on 8/4/05 after falling. She was left with a left wrist and left knee injury afterwards. Her left knee 11/8/11. She was diagnosed with left knee pain and chondromalacia and lateral patellofemoral of the left joint. She was treated with conservative care involving oral medications and physical therapy and later, on 12/13/06, had arthroscopy and chondroplasty of the left knee. In 2008, she was later diagnosed with a partial tear of her anterior cruciate ligament of her left knee after a reinjury. She later injured her left hamstring and right ring finger on 11/8/11 and was diagnosed with a hamstring partial tear. Conservative care again was recommended with work restrictions. On 6/12/13 she was seen by her treating physician complaining of occasional left hamstring pain which was aggravated by heavy lifting, which occasionally radiated to her left knee. No buckling, locking, or swelling of the leg was reported at that time. No pain rating or functional status was reported in the progress note. She reported taking no medication at that time. Examination of her left leg revealed pain in left greater sciatic notch and proximal portion of the left hamstring muscles. Nothing else on examination of the leg and hip area was remarkable. She was diagnosed with a strain/sprain of the left hamstring and was prescribed naproxen and cyclobenzaprine for her muscle strain, the ondansetron and omeprazole for the potential side effects of the first two medications. The tramadol was for acute severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 120 CYCLOBENZAPRINE 7.5 MG DOS 6/12/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, being prescribed enough medication to last her at least 40 days or more would not be considered short-term. Up to 2-3 weeks would be considered short term use for this medication. Although there seems to be a little evidence, but not clear evidence, for her having an acute exacerbation of her left hamstring pain, the prescribed duration of the muscle relaxant was too long, therefore, the cyclobenzaprine 7.5 mg, #120 is not medically necessary.

RETROSPECTIVE FOR 60 ONDASETRON 8 MG, DOS 6/12/13: 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 Official Disability Guidelines (ODG), Pain Chapter, anti-emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of Zofran (ondansetron). The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, she was given a prescription for this medication without her having even tried the primary medications for treating her pain to know if she experienced nausea warranting medical management. No evidence of her exhibiting any nausea prior to the prescription suggests that she did not require the medication. Therefore, the ondansetron is not medically necessary.

RETROSPECTIVE REQUEST FOR 120 OMEPRAZOLE 20 MG, DOS 6/12/13:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS Guidelines state that to warrant using proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, no evidence for any of the above was found in the documentation, suggesting that she did not require omeprazole during her brief NSAID use for her acute flare-up. Therefore, the omeprazole 20 mg, #120 is not medically necessary.

RETROSPECTIVE REQUEST FOR 90 TRAMADOL ER 150 MG, DOS 6/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: The MTUS ACOEM Guidelines for acute injuries states that opioids are no more effective than safer analgesics for managing most musculoskeletal symptoms, and they should be only used if needed for severe pain and for only a short time (up to 2 weeks for acute injuries or exacerbations), and if prescribed, patients should be informed of their potential side effects. In the case of this worker, multiple medications were prescribed simultaneously. First line therapy and reassessment is recommended, then opioids may be considered in cases of severe pain. Also, there was no documentation suggesting the pain was severe in the progress note on the date Tramadol was prescribed (6/12/13). Also, a prescription for 90 pills would not be considered for short-term use. Therefore, Tramadol ER 150 mg, #90 is not medically necessary.