

Case Number:	CM13-0019902		
Date Assigned:	10/11/2013	Date of Injury:	05/13/2004
Decision Date:	01/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/04/2013

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 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.

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 underlying date of injury in this case is 05/13/2004. This patient is a 50-year-old with treating diagnoses including cervical discopathy, cervicgia, and lumbar discopathy. A prior physician review notes the patient had been treated for neck and low back pain since at least May 2004. The records indicate that the patient had been prescribed antiinflammatory medications since at least September 2007. That physician review indicates that the medical records do not support an indication for multiple medications requested. A treating physician request for authorization of 09/16/2013 consists of check boxes which appear to be general discussions of the indications for specific medications but not individualized for this particular patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on NSAIDS (non-steroidal anti-inflammatory drugs) and Gastrointestinal Symptoms states the physician should, "Determine if the patient is at risk for gastrointestinal events: Age greater than 65 years, history of peptic ulcer, concurrent use of

aspirin or corticosteroids, or high-dose/multiple NSAIDs." The medical records do not clearly indicate the specific risk factors or specific indication as to why this patient requires gastrointestinal prophylaxis. The request for Omeprazole 20mg, 120 count, is not medically necessary or appropriate.

Odansetron 4mg, 60 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA-Approved Labelling Information.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule does not discuss this medication. FDA-approved labeling information for ondansetron supports this medication for control of chemotherapy-related nausea or postoperative nausea. The medical records in this case do not provide a specific indication for this medication consistent with the treatment guidelines. The request for Odansetron 4mg, 60 count, is not medically necessary or appropriate.

Sumatriptan Succinate 25mg, 18 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Tramadol, page 94, states, "Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with...triptans or other drugs that may impair serotonin metabolism." The medical records in this case do not clearly discuss the risk versus benefit in terms of why these medications would be indicated simultaneously, particularly given this caution regarding their simultaneous use. Additionally, specific details regarding the patient's migraine headaches for which sumatriptan might be indicated are not provided in the medical records. The request for Sumatriptan Succinate 25mg, 18 count, is not medically necessary or appropriate.

30 Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,Capsaicin Page(s): 111-112.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, page 111, states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." These guidelines have not been met in this case. Additionally, I note that this compound contains 0.0375% capsaicin. The Chronic Pain Medical Treatment Guidelines Section on Capsaicin, page 112, states, "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." At this time, this request for Medrox is not supported by the guidelines and medical records. The request for 30 Medrox patches is not medically necessary or appropriate.