

Case Number:	CM13-0020276		
Date Assigned:	10/11/2013	Date of Injury:	01/09/1998
Decision Date:	02/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in 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. 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 patient is a 61-year-old female with a reported date of injury on 01/09/1998. The patient presented with muscle spasm in the left trapezius muscle, upset stomach, pain in the left trapezius muscle, and neck pain. The patient had diagnoses including cervical radiculopathy and myofascial pain syndrome secondary to muscle spasms of the left trapezius muscle. The physician's treatment plan included request for prescription of 30 tablets of Zofran 4 mg, prescription of 90 tablets of Soma 350 mg, and prescription of 60 tablets of Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg, 30 tablets: 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 (chronic), Antiemetics (for opioid nausea).

Decision rationale: The Official Disability Guidelines note antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Current research for

treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. Within the provided documentation, the requesting physician's rationale for the request was unclear. The requesting physician did not include adequate documentation of the efficacy of the medication. Additionally, the guidelines do not recommend the use of anti-emetics for patients utilizing opioids chronically. Therefore, the request for prescription of 30 tablets of Zofran 4 mg is neither medically necessary nor appropriate.

Soma 350mg,90 tablets: 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 California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Per the provided documentation, it appears the patient has been on Soma since at least 05/2013; the guidelines recommend the use of non-sedating muscle relaxants for short-term use only. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for prescription of 90 tablets of Soma 350 mg is neither medically necessary nor appropriate.

Prilosec 20 mg,60 tablets: 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 Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patient at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Within the provided documentation, the provider noted the patient had stomach

upset, and an internist indicated the patient was suffering from gastritis and the medication she was prescribed was not fully controlling acid secretion and pain in the abdomen. Per the provided documentation, it did not appear the medication was providing adequate relief of symptoms for the patient. The efficacy of the medication was unclear. Therefore, the request for prescription of 60 tablets of Prilosec 20 mg is neither medically necessary nor appropriate.