

Case Number:	CM13-0020785		
Date Assigned:	10/11/2013	Date of Injury:	11/04/2012
Decision Date:	02/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and 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 43-year-old female who reported an injury on 11/04/2012. The mechanism of injury was stated to be the patient was responding to an emergency where an older male fell and the older male was noted to slip and the patient lost her hold resulting in the patient having immediate spasms of her back. The patient was noted to have moderate to moderately severe pain of the low back. The patient was noted to have sciatic stretch signs at 80 degrees in both the seated and supine positions. The patient was noted to have a decreased range of motion. The patient was noted to have dysesthesia at the left L5 dermatome. The patient's diagnosis was noted to be lumbar facet arthropathy/discopathy with radiculitis. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Naproxen Sodium 650mg #100: 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, Naproxen Page(s): 66, 70.

Decision rationale: California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review indicated the patient had efficacy of the medication as it noted to give temporary symptomatic relief with ongoing and regular use for inflammation and pain. However, the clinical documentation submitted for review failed to provide the necessity for 100 tablets. Given the above, the request for Naproxen Sodium 650mg #100 is not medically necessary.

prescription of Cyclobenzaprine Hydrochloride 7.5 mg #120: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better (2 - 3 weeks). Therefore, treatment should be brief. The clinical documentation submitted for review indicated the patient had palpable paravertebral muscle spasms. The patient was noted to have relief with the use of the medication in the past. It was noted the patient was aware that this medication was for short-term use for acute spasms and the patient was noted to receive sleep benefit from the medication. However, the clinical documentation submitted for review failed to provide the objective functional improvement with the medication. Additionally, as the treatment was noted to be brief, there was a lack of documentation indicating the necessity for 120 tablets. Given the above, the request for prescription of Cyclobenzaprine Hydrochloride 7.5 mg #120 is not medically necessary.

prescription Ondansetron ODT 4mg #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 Official Disability Guidelines (ODG), Pain Chapter, Anti-emetics, Online Version

Decision rationale: Per Official Disability Guidelines, antiemetics are not to be used for opioid induced nausea. The clinical documentation submitted for review indicated the patient had complaints of nausea associated with cyclobenzaprine for muscle spasms. It was further noted that no other medication had alleviated the side effect and the patient was noted to have relief with the use of the medication. However, as the request for cyclobenzaprine was not approved,

there is a lack of necessity for ondansetron. Given the above, the request for prescription Ondansetron ODT 4mg #30 is not medically necessary.

prescription of Omeprazole Delayed 20mg #120: 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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: CA MTUS indicates there is a use for PPI's as treatment for dyspepsia secondary to NSAID use. The clinical documentation submitted for review indicated that this medication was to be used as a stomach protectant. The patient was noted to have symptomatic relief of acid reflux and gastrointestinal upset that occurred with the use of naproxen. However, as the request for naproxen was not medically necessary, the request for prescription of Omeprazole Delayed 20mg #120 is not medically necessary.

prescription of Medrox patch #30: 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 Page(s): 105, 111, 112.

Decision rationale: CA MTUS does not specifically address Medrox, however, the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments ... 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." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.

prescription of Tramadol Hydrochloride ER 150mg #90: 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 Page(s): 78, 82, 93, 94, 113.

Decision rationale: CA MTUS states Central analgesics drugs such as Tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the documentation of the 4 A's. Given the above and lack of documentation, the request for prescription of Tramadol Hydrochloride ER 150mg #90 is not medically necessary.