

Case Number:	CM13-0025700		
Date Assigned:	11/20/2013	Date of Injury:	02/25/2008
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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, Pain Management, has a subspecialty in Interventional Spine 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. 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:

This is a 44 year-old female with injury date from 2/25/08 and diagnoses of cervical discopathy and status post L5-S1 posterior lumbar interbody fusion (2/1/13), as indicated on the 4/30/13 report from [REDACTED]. The Independent Medical Review (IMR) application shows a dispute with the 9/9/13 Utilization Review (UR) decision. The 9/9/13 UR decision is by [REDACTED] and is derived from [REDACTED] 8/13/13 medical report. The UR decision recommends the denial of Naproxen, omeprazole, Ondansetron, cyclobenzaprine, tramadol ER, sumatriptan succinate, and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550 mg #120 DOS: 08/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAID)'s, Pain Outcomes and Endpoints Page(s): 67-68, 8-9.

Decision rationale: The patient underwent lumbar surgery on 2/1/13. [REDACTED] initial post-surgical evaluation was on 2/12/13, and the patient was subsequently seen on 3/26/13, 4/30/13,

6/11/13 and 8/13/13. After 8/13/13, UR denied the patient's medications. On reviewing these notes, there is no discussion of pain levels or function using a numeric scale. A check-box request for authorization was provided on 9/3/13 that describes the intended use of the medication, but does not discuss efficacy or benefit from the prior 7-months of use. The 9/20/13 report is reviewed and there is still no indication that any of the medications provided had a satisfactory response with reduction of pain, improved function or improved quality of life. There was no indication of pain levels compared to a baseline. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications and the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of naproxen. MTUS does not recommend continuing treatment if there is not a satisfactory response

Omeprazole Delayed-Release Capsules 20 mg #120 DOS: 08/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: On the 6/11/13 report, the patient reported headaches causing nausea that was not helped with Prilosec (omeprazole). It was also reported that Naproxen caused nausea. There is no discussion on whether the omeprazole that had been provided since 2/12/13 has helped with nausea from the Naproxen. The 2/12/13 report states the patient had postoperative nausea and headaches secondary to the anesthesia. As above, none of the medical reports from [REDACTED] discuss efficacy of the medications, including omeprazole. MTUS does not recommend continuing therapies that do not provide a satisfactory response. The continued use of omeprazole is not in accordance with MTUS guidelines.

Ondansetron ODT Tablets 4 mg #30 x2 DOS: 08/13/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines -TWC guidelines, Pain Chapter, for Antiemetics.

Decision rationale: MTUS/ACOEM did not mention Zofran for nausea from medications. ODG guidelines were consulted. ODG states, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to

diminish over days to weeks of continued exposure." The continued use of Zofran (ondansetron) is not in accordance with ODG guidelines.

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120 DOS: 08/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 63-66.

Decision rationale: The records show the patient has been using Flexeril (cyclobenzaprine) since 2/12/13. MTUS states specifically that this product is not recommended for use over a period of 3-weeks. The continued use of cyclobenzaprine is not in accordance with MTUS guidelines.

Tramadol Hydrochloride ER 150 mg #90 DOS: 08/13/2013 i: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines TRAMADOL, Chronic back pain, Opioids for neuropathic pain. Tramadol, Long-term Opioid.

Decision rationale: MTUS guidelines for Opioids, long-term users (6-months or more), under Criteria for Use of Opioids, requires the physician to: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The medical reports from [REDACTED] were reviewed from 2/12/13 through 9/20/13, including the 3/26/13, 4/30/13, 6/11/13, 6/25/13, 7/9/13, 7/23/13, 8/13/13 and 9/3/13 reports. None of the reports discuss efficacy of the medications. There is no assessment of pain or function using a numeric scale. There was no mention of subjective or objective improvement in pain, function, or quality of life. The continued use of tramadol is not in accordance with MTUS guidelines.

Sumatriptan Succinate Tablets 25 mg #9 x 2 DOS: 08/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints. Page(s): 8-9.

Decision rationale: The patient has been using Sumatriptan succinate since 2/12/13. There is no discussion of efficacy. There was no indication of pain levels compared to a baseline. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function, or improved quality of life with the use of Sumatriptan Succinate. MTUS does not recommend continuing treatment if there is not a satisfactory response.

Medrox Patch #30 DOS: 08/13/2013: 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 Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs), Lidocaine , Capsaicin, Baclof.

Decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.375%, and MTUS for capsaicin 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. " MTUS does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guideline