

Case Number:	CM13-0026673		
Date Assigned:	11/22/2013	Date of Injury:	08/12/2012
Decision Date:	02/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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 56-year-old male who reported an injury on 08/12/2012 due to continuous trauma while performing normal job duties as a firefighter. The patient reportedly developed injuries involving the low back, knees, elbows, right shoulder, feet, and ankles. The patient ultimately underwent a posterior lumbar interbody fusion in 12/2012. The patient's chronic pain was managed with medications to include Naproxen Sodium, Cyclobenzaprine, Tramadol, and Medrox patches. The most recently submitted evaluation dated 04/29/2013 indicated that the patient continued to have pain complaints of the right shoulder, bilateral elbows, lumbar spine, bilateral knees, bilateral feet and ankles. Examination of the multiple injured body parts revealed tenderness to palpation along the joint lines. The patient's diagnoses included internal derangement of the bilateral shoulders, upper extremity overuse syndrome, status post posterior lumbar interbody fusion from L4-S1, internal derangement of the bilateral knees, and bilateral plantar fasciitis. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen and NSAIDs (non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), 6/07/13, Naproxen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested Naproxen Sodium is not medically necessary or appropriate. The clinical documentation submitted for review did not include physical assessment from the date of service (DOS). California Medical Treatment Utilization Schedule recommends that continued use of medication in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation did not provide an evaluation of pain relief or functional increases related to medication usage on 08/12/2013. Therefore, continued use would not be supported.

Omeprazole delayed-release capsules 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), 6/07/13, NSAIDs, GI symptoms & cardiovascular risk

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

Decision rationale: The requested Omeprazole is not medically necessary or appropriate. The clinical documentation submitted for review did not provide a physical examination for the date of service. California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review did not provide an assessment of the patient's gastrointestinal system to indicate this patient is at risk for developing disturbances related to medication usage. As such, the request for Omeprazole delayed release capsules 20 mg, #120, for DOS 08/12/2013 is not medically necessary or appropriate.

Ondansetron ODT tablets 4mg, #60: 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

Decision rationale: The requested Ondansetron is not medically necessary or appropriate. The clinical documentation submitted for review did not provide a clinical evaluation for the requested date of service. Official Disability Guidelines recommend the use of this medication for cancer-related treatments, for postsurgical-related nausea and vomiting, or for acute gastritis. The clinical documentation submitted for review does not provide any evidence that the patient

is receiving cancer-related treatments, is a postsurgical patient, or has evidence of acute gastritis. Therefore, the benefit of this medication for this patient is not established. As such, the request for Ondansetron ODT tablets 4 mg #60 DOS 08/12/2013 is not medically necessary or appropriate.

Cyclobenzaprine Hydrochloride tablets 7.5mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Workers' compensation final regulations, Medical treatment utilization schedule regulations, Effective July 18, 2009, Cyclobenzaprine (Flexeril)

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

Decision rationale: The requested Cyclobenzaprine is not medically necessary or appropriate. The clinical documentation submitted for review did not include a physical evaluation for the requested date of service. California Medical Treatment Utilization Schedule (MTUS) recommends the use of muscle relaxants for short courses of treatment. California MTUS does not recommend treatment to exceed 4 weeks. The requested number of tablets exceeds this recommendation. Additionally, the clinical documentation submitted for review does not provide any evidence from the requested date of service of pain or muscle spasm that would benefit from this type of medication. As such, the request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 DOS 08/12/2013 is not medically necessary or appropriate.

Tramadol Hydrochloride ER 150mg, #90 (DOS 08/12/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers' compensation final regulations, Medical treatment utilization schedule regulations, Effective July 18, 2009, Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); and on the ODG-TWC ODG Treatment, Integrated Treatment/Disability Dur

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol Hydrochloride is not medically necessary or appropriate. The clinical documentation submitted for review did not include an assessment of the patient on the requested date of service. California MTUS recommends that the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, managed side effects, evidence of monitoring for compliance to a prescribed medication schedule, and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence of pain relief, managed side effects, functional benefit, or that the patient is monitored for aberrant behavior. Therefore, continued use would not be supported. As such, the request for Tramadol Hydrochloride extended release 150 mg #90 DOS 08/12/2013 is not medically necessary or appropriate.

Medrox Patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Workers' compensation final regulations, Medical treatment utilization schedule regulations, Effective July 18, 2009, Topical Analgesics; and on the ODG-TWC ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), 6/07/13, Topical An

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111.

Decision rationale: The requested Medrox patches are not medically necessary or appropriate. The clinical documentation submitted for review did not provide a clinical assessment of the patient for the requested date of service. This formulation of medication includes methyl salicylate, menthol, and capsaicin. The California MTUS does recommend the use of methyl salicylate and menthol in the treatment of osteoarthritic pain. However, the clinical documentation submitted for review does not provide any evidence of the patient's pain as related to osteoarthritis. Additionally, this formulation contains capsaicin. The California MTUS does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other first-line treatments and oral analgesics. There was no evidence within the documentation submitted for review that the patient has failed to respond to first-line treatments or oral analgesics. As such, the request for Medrox patches #30 DOS 08/12/2013 is not medically necessary or appropriate.