

Case Number:	CM13-0027593		
Date Assigned:	12/13/2013	Date of Injury:	05/13/2010
Decision Date:	02/20/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine, 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 32 year old male with a date of injury of May 13, 2010. The patient is being treated for low back pain and treatment has consisted of non-steroidal anti-inflammatory drugs, analgesics, muscle relaxants, topical medications, opioids , physical therapy, acupuncture, lumbar epidural steroid injections, and bilateral facet joint blocks. The patient continues to have persisting low back pain, with right sided vertebral tenderness and spasm, and difficulty getting up from a seated position as of 7/30/13. The patient has been working full duty. He states that although Naproxen causes him stomach upset, it provides temporary relief to allow him to perform his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine Hydrochloride 7.5m #120 DOS: 6/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Flexeril Page(s): 41.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend Cyclobenzaprine for long-term use for chronic pain. The treating physician has stated that the patient continues to

have muscle spasms and has prescribed this medication to use only in a short course for acute spasms. He is not indicating medication for pain. The doctor has stated that this medication has relieved the patient spasms when used appropriately. He has also told the patient to use only for a short period time while the patient has active spasms. Even though the doctor has a potentially valid reason for this medication, the patient reports side effects of nausea from this medication. The request for retrospective Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary and appropriate.

Retrospective Ondansetron ODT 8mg #80 DOS 6/27/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Ondansetron.

Decision rationale: The Official Disability Guidelines state that Ondansetron is used for nausea related to chemotherapy or radiation. It may be used for postop nausea. It is not indicated for nausea due to opioids or other medication according to the Official Disability Guidelines. Therefore this medication is not appropriate for this patient. The physician has recommended this medication for treating nausea from Flexeril. The request for retrospective Ondansetron ODT 8mg #80 is not medically necessary and appropriate

Retrospective 2 prescriptions of Medrox Ointment 120gm DOS: 6/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The applicant does not appear to have tried and/or failed first line oral analgesics, which per the ACOEM Guidelines are a first line palliative method. There is no support for the use of topical agents and/or topical compounds, which are per ACOEM Guidelines "not recommended" and are, per the MTUS Chronic Pain Guidelines "largely experimental." The request for 2 retrospective prescriptions of Medrox Ointment 120mg is not medically necessary and appropriate.

Retrospective Tramadol Hydrochloride ER 150mg #90 DOS 6/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 80.

Decision rationale: According to the medical records provided for review, the patient has returned to work full duty. The patient continues to have pain and there is no documentation that the opioid medication is reducing the pain. In addition, the MTUS Chronic Pain Guidelines do not recommend opioids for chronic pain as studies indicate efficacy of treatment greater than 16 weeks is not clear. In addition, the use of Tramadol to increase function has not been shown in the literature cited by the MTUS Chronic Pain Guidelines. Consequently, the request for retrospective Tramadol Hydrochloride ER 150mg #90 is not medically necessary and appropriate.