

Case Number:	CM13-0028741		
Date Assigned:	12/11/2013	Date of Injury:	11/01/2012
Decision Date:	02/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 and Pulmonary Diseases, 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 46-year-old male who reported an injury on 11/01/2012. The patient was noted to have low back pain and right hip pain. The mechanism of injury was stated as the patient had a gradual onset of pain due to repetitive work. The patient was noted to have arthritic changes at L4-5 and L5-S1. The physical examination was noted to indicate the patient had discomfort to palpation in the mid to distal lumbar segments with reproducible pain to point palpation with attempted range of motion. There was noted to be some dysesthesia in the L4-5 and L5-S1 dermatomal patterns. The diagnoses were noted to include internal derangement of the right hip and lumbar discopathy. 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:

Retrospective request for 60 Odansetron ODT 8 mg: 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 the Official Disability Guidelines (ODG), Pain Chapter, Antiemetics, Online Version.

Decision rationale: Official Disability Guidelines state that odansetron is not indicated for opioid induced nausea. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the patient had signs and symptoms of nausea. Given the above, the request for 60 Odansetron ODT 8 mg is not medically necessary.

Retrospective request for 120 Omeprazole DR 20: 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 Section 9792.20-9792.26 Page(s): 69.

Decision rationale: California Medical Treatment Utilization Schedule indicates that proton pump inhibitors are for the treatment of dyspepsia caused by non-steroidal anti-inflammatory drug therapy. The clinical documentation submitted for review indicated this medication was being prescribed to prevent the patient's gastrointestinal complications from anti-inflammatory medications. However, the clinical documentation failed to provide the patient had signs and symptoms of dyspepsia caused by non-steroidal anti-inflammatory drug therapy. Additionally, it failed to provide documentation of the necessity for 120 tablets. It failed to provide the efficacy of the requested medication. Given the above, the request for 120 Omeprazole DR 20 mg is not medically necessary.

Retrospective request for 2 Medrox ointment 120 gm: 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 Section 9792.20-9792.26 Page(s): 105, 111, and 112. Decision based on Non-MTUS Citation Medrox Online Drug Insert.

Decision rationale: California Medical Treatment Utilization Schedule 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 1 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.

Retrospective request for 120 Naproxen Sodium 550 mg: 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 Section 9792.20-9792.26 Page(s): 66-70.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all non-steroidal anti-inflammatory drugs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review indicated the patient was taking the medication for inflammation and pain. However, the clinical documentation failed to support the necessity for the medication. There was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for retrospective request for 120 Naproxen Sodium 550 mg is not medically necessary.

Retrospective request for 120 Cyclobenzaprine Hydrochloride 7.5 mg: 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 Section 9792.20-9792.26 Page(s): 41.

Decision rationale: California Medical Treatment Utilization Schedule supports using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical documentation submitted for review indicated the patient had previously taken the medication. It failed to provide the efficacy of the medication. Additionally, it failed to provide the objective functional improvement from the use of the medication. It was noted that the patient received a sleep benefit from the medication in the past, so it was being prescribed as an off label capacity. However, the clinical documentation submitted for review failed to provide the necessity for 120 tablets. Given the above, lack of documentation of functional benefit, the request for retrospective request for 120 Cyclobenzaprine Hydrochloride 7.5 mg is not medically necessary.

Retrospective request for 90 Tramadol Hydrochloride ER 150 mg: 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): 82, 93, 94, 113, and 78.

Decision rationale: California Medical Treatment Utilization Schedule 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 Medical Treatment Utilization Schedule supports 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 indicated the patient suffered from an acute exacerbation of severe pain related to a chronic opioid condition. The documentation indicated the use of opioids in the past had decreased the patient's similar acute flare-ups, with the patient demonstrating improvement in function. However, there was a lack of documentation indicating the necessity for 90 tablets. Additionally, while it was noted the patient had benefit and demonstrated improvement in function in the past, there was a lack of documentation of objective analgesia as well as activities of daily living. Given the above, the request for 90 Tramadol Hydrochloride ER 150 mg is not medically necessary.