

Case Number:	CM13-0030643		
Date Assigned:	11/27/2013	Date of Injury:	07/10/2012
Decision Date:	07/23/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 41-year-old male who reported an injury on 07/10/2012. Prior treatments included a right bilateral sacroiliac injection. The mechanism of injury was the injured worker was jumping over a fence while in a foot pursuit and the injured worker felt a pulling sensation into his lumbar spine. The injured worker was noted to be utilizing naproxen sodium tablets, 1 by mouth every 12 hours with food as needed for pain, omeprazole 1 by mouth every 12 hours as needed for heart burn and acid reflux, Zofran sublingual ODT, and cyclobenzaprine 7.5 mg since 2012. Prior treatments included physical therapy and medications. The documentation of 08/21/2013 revealed the injured worker had complaints of residual symptomatology in the lumbar spine. There was tenderness from the mid to distal lumbar segments. There was dysesthesia at the right L5-S1 dermatomes. The seated nerve root test was positive. There was pain with terminal motion. The diagnosis was lumbar discopathy. The treatment plan included Toradol and B12 injections, as well as medications. The documentation further indicated the request for the tramadol 150 mg was for 1 tablet daily as needed for pain. The cyclobenzaprine was provided for the injured worker for palpable paravertebral muscle spasms in the cervical and lumbar spine. The ondansetron was for nausea not to be taken more than twice a day. The omeprazole was for upset stomach to be taken in conjunction with pain and anti-inflammatory medications to protect the injured worker's stomach and prevent GI complications. The request for naproxen sodium was for inflammation and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: 100 NAPROXEN 550MG (DOS: 8/21/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. It is recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 100 Naproxen 550 mg (DOS: 8/21/2013) between 8/21/2013 and 8/21/2013 is not medically necessary.

RETRO: 120 OMEPRAZOLE DR 20MG (DOS: 8/21/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documented efficacy for the requested medication. There was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia secondary to NSAID therapy. The clinical documentation indicated the medication was being used for a stomach protectant. Additionally, as the request for the NSAID was found to be not medically necessary, the request for Omeprazole would not be medically necessary. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 120 Omeprazole DR 20mg (DOS: 8/21/2013) between 8/21/2013 and 8/21/2013 is not medically necessary.

RETRO: 60 ONDANSETRON ODT 8MG (DOS: 8/21/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ..

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, Ondansetron.

Decision rationale: The Official Disability Guidelines indicate that ondansetron is not recommended for nausea and vomiting secondary to opioid use. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documented efficacy. There was a lack of documentation indicating the injured worker was not utilizing the medication for nausea and vomiting secondary to opioid therapy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 60 Ondansetron ODT 8mg (DOS 8/21/2013) BETWEEN 8/21/2013 and 8/21/2013 is not medically necessary.

RETRO: 120 CYCLOBENZAPRINE 7.5MG (DOS: 8/21/13): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 120 cyclobenzaprine 7.5 mg (DOS: 8/21/2013) between 8/21/2013 and 8/21/2013 is not medically necessary.

RETRO: 90 TRAMADOL ER 150MG (DOS: 8/21/13): 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 Medications for Chronic pain and ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing opiates for greater than 1 year. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request 90 Tramadol ER 150mg (DOS: 8/21/2013) between 8/21/2013 and 8/21/2013 is not medically necessary.

RETRO: 30 QUAZEPAM 15MG (DOS: 8/21/13): 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review failed to provide the duration of use. The clinical documentation indicated the injured worker was being prescribed the medication for sleep. There was a lack of documentation indicating the injured worker had signs or symptoms of insomnia and 30 tablets would exceed the 3 week usage. Given the above, the retrospective request for 30 Quazepam 15mg (DOS: 8/21/2013) between 8/21/2013 and 8/21/2013 is not medically necessary.