

Case Number:	CM13-0030978		
Date Assigned:	12/04/2013	Date of Injury:	06/20/2011
Decision Date:	12/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 44 year-old female who was injured on 6/20/11 when she transferred a patient from chair to bed, preventing the patient from falling. She complained of back and neck pain radiating to upper extremities and paresthesias of both hands. She had ongoing headaches. On exam, she had tender thoracic and lumbar spines, normal strength and reflexes. A cervical spine x-ray showed long cervicothoracic fusion which she had in 1998 to treat Pott's disease. A CT of cervical-thoracic spine showed no evidence of fracture and history of cervical/thoracic fusion. Electrodiagnostic testing showed moderate bilateral carpal tunnel syndrome. She was diagnosed with cervical spondylosis, status post cervical thoracic fusion, Pott's disease, cervical and lumbosacral strain, carpal tunnel syndrome, and radiculopathy. She was treated with medications like Naprosyn, Skelaxin, Prilosec, Zofran, Mobic, and Lyrica, TENS unit, lumbar epidural steroid injections, and a lumbar corset. Physical therapy in 2011 only worsened the pain. She had occupational therapy in 2012. She was able to return to work with light duty but then was unable to work from 9/2012. Acupuncture, chiropractic care, and pain management requests were denied. The current request is for Flexeril, Tramadol, and Naprosyn for pain relief. Omeprazole was prescribed for gastrointestinal prophylaxis, but patient continued with "midabdominal spasms". Zofran was prescribed to help with the nausea associated with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's neck and back pain have been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient had gastritis/ERD caused by NSAIDs. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, <NSAIDS, GI risk>

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of Gastrointestinal (GI) disease requiring Proton Pump Inhibitors (PPI's) prophylaxis. The use of prophylactic PPI's is not required unless she is on chronic NSAIDs. The patient was recommended NSAIDs for back and neck pain but since this request is also considered not medically necessary, she does not need GI prophylaxis. The patient was documented to have gastritis/ERD secondary to NSAIDS but has been on Prilosec but continued with "midabdominal spasms". Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of Cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is documented to have experienced some dizziness. The use of Cyclobenzaprine with other agents is not recommended. The patient had been on Skelaxin but this caused drowsiness.

There was no documentation of functional improvement. The patient has failed to return to work and there is no documentation of improvement in activities of daily living. This muscle relaxant is useful for acute exacerbations of chronic lower back pain, not for chronic use. Therefore, continued use is considered not medically necessary.

Ondansetron: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron, Antiemetic drugs

Decision rationale: The request is not considered medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, Ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient was prescribed Ondansetron for prophylaxis due to medications causing her nausea. This does not fit guidelines or indications as per FDA. The nausea is likely due to NSAIDs which is also not considered medically necessary. Therefore, she will not need Ondansetron and the request is considered not medically necessary.

Ultram ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Ultram ER is medically unnecessary. There is no documentation of what her pain was like previously and how much Ultram decreased her pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, physical and psychosocial functioning, and aberrant drug-related behaviors. The patient was listed to have abdominal pain and constipation which may be from Ultram. There were no urine drug screenings or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain relief. The patient was getting some relief through the TENS unit. The patient has also not been able to return to work. Because of these reasons, the request for Tramadol is considered medically unnecessary.