

Case Number:	CM13-0032198		
Date Assigned:	12/04/2013	Date of Injury:	06/23/2013
Decision Date:	02/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 50 year old male who reported an injury on 07/03/2013 due to loading and unloading work equipment into a patrol vehicle causing pain in the low back. The patient was initially treated with physical therapy, electrical muscle stimulation, and myofascial release. The patient's most recent clinical examination revealed intermittent pain complaints of the low back described as 8/10. Physical examination revealed palpable muscle spasms, limited range of motion secondary to pain, and disturbed sensation in the L5 distribution. The patient's pain and symptoms were managed with medications. The patient's diagnosis included lumbar discopathy. The patient's treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg #60: 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)

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

Decision rationale: The requested ondansetron ODT tablets 8mg #60 is not medically necessary or appropriate. Official Disability Guidelines do not recommend medication management for nausea and vomiting related to chronic opioid usage. Additionally, this medication is FDA approved for postsurgical treatment, and nausea and vomiting related to cancer treatments, and acute exacerbations of gastroenteritis. The clinical documentation submitted for review does not provide any evidence that the patient has nausea and vomiting related to an acute exacerbation of gastroenteritis. As such, the requested ondansetron ODT tablets 8mg #60 is not medically necessary or appropriate.

Cyclobenzaprine hydrochloride 7.5mg #120: 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)

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

Decision rationale: The requested cyclobenzaprine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants such as cyclobenzaprine for short courses of therapy. It is recommended that treatment with this type of medication be brief. The requested 120 tablets would exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guidelines recommendations. Additionally, there was no clinical evaluation submitted for the October office visit to support the need for medication management. As such, the requested cyclobenzaprine hydrochloride 7.5mg #120 is not medically necessary or appropriate.

Tramadol hydrochloride ER 150mg #90: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Initiating Therapy Page(s): 78.

Decision rationale: The requested tramadol hydrochloride extended release 150mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the initiation of opioid therapy be supported by a thorough evaluation of the patient's pain complaints. There was no clinical evaluation submitted for the October office visit to support the need for medication management. As such, the requested tramadol hydrochloride extended release 150mg #90 is not medically necessary or appropriate.

Quazepam tablets USP 15mg #30: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: The requested quazepam tablets USP 15mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule does not recommend the use of benzodiazepines for long-term treatment. California Medical Treatment Utilization Schedule states, "most guidelines limit use to 4 weeks. Their range of action include sedatives/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develop rapidly." The clinical documentation submitted for review does indicate that this patient was prescribed this medication as a sleep aid. The clinical documentation submitted for review does not provide any evidence of deficits with the patient's sleep hygiene that would require medication management. There also is no documentation that the patient has attempted nonpharmacological treatments to manage any sleep disturbances. Additionally, there was no clinical evaluation submitted for the October office visit to support the need for medication management. As such, the requested quazepam tablets USP 15mg #30 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 Official Disability Guidelines (ODG)

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

Decision rationale: The requested Medrox patch #30 is not medically necessary or appropriate. The requested medication contains elements to include methyl salicylate, menthol, and capsaicin. California Medical Treatment Utilization Schedule does recommend the use of menthyl salicylate and menthol in the treatment of osteoarthritic pain. However, this formulation contains capsaicin. California Medical Treatment Utilization Schedule does not recommend capsaicin as a topical agent unless the patient has failed to respond to other first line treatments such as oral analgesics. There was no evidence within the documentation that the patient had failed to respond to first line prescription medications that would support the use of capsaicin in a topical formulation. Additionally, there was no clinical evaluation submitted for the October office visit to support the need for medication management. As such, the requested Medrox patch #30 is not medically necessary or appropriate