

Case Number:	CM13-0032202		
Date Assigned:	12/04/2013	Date of Injury:	05/29/2013
Decision Date:	01/14/2014	UR Denial Date:	09/25/2013
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 in Preventative Medicine and 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 claimant is a represented [REDACTED] who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; x-rays of the lumbar spine of June 13, 2013, notable for postsurgical changes notable for a prior lumbar laminectomy and fusion; x-rays of the cervical spine of September 26, 2013, notable for changes consistent with the cervical fusion; a lumbar support; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 25, 2013, the claims administrator denied a request for Naprosyn, Prilosec, Zofran, Flexeril, tramadol, Imitrex, Seroquel, and Medrox. The applicant's attorney later appealed, on October 4, 2013. An earlier note of September 9, 2013 uses preprinted checkboxes and is notable for comments that the attending provider issues numerous prescription medications. No claimant specific information is provided. A subsequent note of September 26, 2013, is notable for comments that the applicant reports persistent neck pain with associated stiffness, tenderness about the lumbar spine and cervical spine are appreciated. The applicant exhibits positive Phalen signs bilaterally. The applicant is asked to obtain MRI imaging of cervical spine, MRI imaging of lumbar spine, and electrodiagnostic testing of the bilateral lower extremities while remaining off of work, on total temporary disability. Physical therapy is sought. Multiple medications are refilled. It is noted all these medications were previously filled on September 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Naproxen sodium 550mg #120: 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 Anti-inflammatory medications. Page(s): 22.

Decision rationale: While Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment, in this case, the applicant has used Naprosyn previously and failed to effect any evidence of functional improvement as defined in MTUS 9792.20F. The applicant's concomitant usage of multiple analgesic and adjuvant medications and attendant failure to return to any form of work imply the lack of functional improvement as defined in MTUS 9792.20F. Continuing Naprosyn without evidence of functional improvement is not indicated. Therefore, the request is non-certified.

Prescription Omeprazole 20mg #120: 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 treatment of dyspepsia secondary to NSAID therapy. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of omeprazole or Prilosec, a Proton-pump inhibitor, in the treatment of NSAID induced dyspepsia, in this case, however, there is no evidence of dyspepsia, either NSAID induced or stand alone. All the information on file is highly templated. No claimant specific information or explicit mention of dyspepsia was made on either September 2013 progress note referenced above. Therefore, the request is non-certified.

Prescription Ondansetron ODT tablets 8mg #60: 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 Official Disability Guidelines, Pain (Chronic) Antiemetics..

Decision rationale: While the ODG chronic pain chapter antiemetics topic does support short-term usage of Zofran for gastroenteritis, postoperative use purposes, and/or nausea or vomiting secondary to chemotherapy or radiation treatment, in this case, however, there is no evidence that the applicant meets any of the aforementioned criteria. The applicant does not appear to

have had any recent chemotherapy, radiation therapy, and/or surgery. The applicant was not diagnosed with gastroenteritis. While a smaller amount of Zofran could have been endorsed for off label use purposes for the treatment of opioid-induced nausea, the twice daily scheduled usage of Zofran suggested by the attending provider cannot be supported as ODG does not recommend antiemetics application for long-term use purposes. Therefore, the request remains non-certified, on Independent Medical Review.

Prescription Cyclobenzaprine Hydrochloride tabs 7.5mg #120: 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 Cyclobenzaprine (Flexeril). Page(s): 41.

Decision rationale: As noted on Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated, particularly as the applicant has failed to affect any lasting benefit or functional improvement through prior usage of cyclobenzaprine or any of the other aforementioned drugs. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.

Prescription Tramadol Hydrochloride ER 150mg #90: 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 When to continue Opioids. Page(s): 80.

Decision rationale: Again, as with the other drugs, the applicant had used tramadol previously. The criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected through ongoing opioid usage. In this case, however, the applicant meets none of the aforementioned criteria. The applicant has failed to return to any form of work. There is no clear evidence of reduction in pain levels and/or improved function affected through prior tramadol usage, either. Therefore, the request remains non-certified, on Independent Medical Review.

Prescription Sumatriptan Succinate 25mg #18: 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 FDA http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020132s024s026lbl.pdf INDICATIONS AND USAGE .

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Imitrex or sumatriptan is indicated for the acute treatment of migraine attacks with or without aura in adults. In this case, however, the attending provider has not documented the presence of migraine headaches in either September 2013 progress notes, referenced above. Therefore, the request is non-certified, on Independent Medical Review.

Prescription Quazepam USP 15mg #30: 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: As noted on Page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, a chronic or long-term usage of benzodiazepines is not recommended, for antidepressants purposes, anxiolytic purposes, sedative purposes, hypnotic purposes, muscle relaxant purposes, or anticonvulsants purposes. In this case, the attending provider has not furnished any claimant specific information so as to try and offset the unfavorable MTUS recommendation. All the information related to clozapine usage is templated in and employs preprinted checkboxes. Therefore, the request remains non-certified, on Independent Medical Review.

Prescription for Medrox patches #30: 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 Topical Analgesics. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic are considered "largely experimental." They may be employed in cases of neuropathic pain in individuals in whom anticonvulsants and/or antidepressants have been tried and/or failed. In this case, however, there is no clear-cut evidence of neuropathic pain, nor is there evidence that oral antidepressants and/or anticonvulsants have been tried and/or failed. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.