

Case Number:	CM13-0032587		
Date Assigned:	12/11/2013	Date of Injury:	07/07/2013
Decision Date:	05/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 57 year old female that reported a left arm, neck and back injury on 07/07/2013 from being grabbed by a resident. The clinical note dated 09/13/2013 showed Tramadol ER for acute pain, Omeprazole for gastrointestinal upset, and Ondansetron for nausea, Quazepam for sleep disturbance, Cyclobenzaprine for muscle spasms and Sumatriptan Succinate for migrainous headaches were prescribed. The physical findings documented in the 12/06/2013 clinical note indicated the provider recommended continuing these medications. The clinical note dated 12/10/2013 reported the injured worker had pain to her neck that radiated to her hands with low back pain and tenderness. Diagnoses included cervical/lumbar discopathy and segmental instability, carpal tunnel/ double crush syndrome, bilateral thumb carpometacarpal arthrosis and right trigger thumb. The request for authorization was submitted on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL HYDROCHLORIDE ER 150MG DAILY #120:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 84.

Decision rationale: The request for Tramadol Hydrochloride 150mg daily #120 is not medically necessary. The CA MTUS guidelines note this drug was found to decrease pain intensity, produce symptom relief and improve function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The initial onset of therapy was documented on 09/13/2013, which exceeds the guideline recommendations. There is a lack of documentation that shows the efficacy of the medication quantifying the pain rating with the medication and without the medication. Thus, the request is not medically necessary.

PRESCRIPTION OF OMEPRAZOLE 20MG Q12H #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The request for Omeprazole 20mg #120 is not medically necessary. The CA MTUS guidelines recommend Omeprazole for patients at risk for gastrointestinal events. Furthermore, the use of a proton pump inhibitors (PPI) should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. While the injured worker was taking medication that could cause gastrointestinal upset there was not clinical documentation of any adverse reactions. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It was unclear if the injured worker was at risk for gastrointestinal events. Hence, the request is not medically necessary.

PRESCRIPTION OF ONDANSETRON ODT 4 OR 8MG #30 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The request for Ondansetron ODT 4 or 8mg #30 with 2 refills is not medically necessary. The Official Disability Guidelines note antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA-approved for

nausea and vomiting secondary to chemotherapy and radiation treatment. The requesting physicians recommended the medication for nausea; however, the etiology of the nausea was unclear. Thus, since there was a lack of a documented incident of nausea and Ondansetron is not recommended for chronic opioid use the request is not medically necessary.

PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, AND CYCLOBENZAPRINE Page(s): 63,41,42.

Decision rationale: The request for Cyclobenzaprine HCL 7.5mg #120 is not medically necessary. The CA MTUS guidelines recommend Cyclobenzaprine as an option for short term therapy with the greatest effect occurring in the first four days. In addition, the addition of Cyclobenzaprine to other agents is not recommended. The clinical notes reported concurrent use of Cyclobenzaprine with other analgesic medications and there was documented use of the medication beyond a short term interval. Additionally, the efficacy of the medication was unclear within the medical records. Hence, the request is not medically necessary.

PRESCRIPTION OF SUMATRIPTAN SUCCINATE 25MG #9 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/imitrex-drug/medication-guide.htm>.

Decision rationale: The request for Sumatriptan Succinate 25mg #9 with 2 refills is not medically necessary. Rxlist.com notes the medication is indicated to be used for migraine headaches and not be used as to prevent migraines. The submitted documentation does not support a medical need for the medication due to the lack of reported headaches and physical findings. In addition, per the recommended usage by administration regimen there is also lack of documented efficacy that the medication is even being used. It was unclear if the injured worker was utilizing the medication in accordance with the administration recommendations. It was unclear if the injured working was experiencing migraine headaches. The efficacy of the medication was unclear. Hence, the request is not medically necessary.

PRESCRIPTION OF QUAZEPAM 15MG AT BEDTIME #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Quazepam 15mg #30 at bed time is not medically necessary. The CA MTUS guidelines do not recommend the long term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has utilizing this medication since at least 09/13/2013. There is also a lack of documentation quantifying the efficacy of the medication. The documented usage exceeds the guidelines accepted range. Hence, the request is not medically necessary.