

Case Number:	CM13-0037572		
Date Assigned:	01/29/2014	Date of Injury:	07/10/2009
Decision Date:	04/23/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/23/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient reported a 7/10/2009 date of injury. The patient is diagnosed with continued low back and right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 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 Page(s): 60-61, 88-89.

Decision rationale: The patient presents with persistent pain in the low back and right knee. The physician is requesting a refill of Tramadol. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. A review of the medical reports indicate patient has

been taking Tramadol since 06/05/2013. Subsequent reports provides no discussions regarding how Tramadol has been helpful in terms of decreased pain or functional improvement. In addition, the physician does not use any numerical scales to assess patient's pain and function as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Quazepam 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 Page(s): 24.

Decision rationale: This patient presents with continued low back and right knee pain. The physician is requesting quazepam 15 mg #30 "for sleep." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Although the request for authorization dated 09/26/2013 states Quazepam is for sleep a review of reports from 01/30/2013 to 09/25/2013 provides no discussions regarding any sleep issues in this patient. There is a report dating back to 03/24/2011 that does note the patient has sleep issues. However, the request for authorization for Quazepam is from 09/26/2013 and review of one year's worth of reports does not provide any discussions on patient's current sleep issues. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the physician has been prescribing this medication for a long-term basis, recommendation is for denial.

Ondansetron 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 (ODG), Antiemetics.

Decision rationale: This patient presents with continued low back and right knee pain. The physician is requesting Ondansetron to be taken as needed for nausea as the patient has complaints of nausea associated with taking Cyclobenzaprine. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran®): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The physician is requesting this medication for patient's nausea associated with taking medication. The ODG Guidelines do

not support the use of Ondansetron for medication-induced nausea. Recommendation is for denial.

Omeprazole 20mg #120: Overturned

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 (ODG).

Decision rationale: This patient presents with continued low back and right knee pain. The physician is requesting Omeprazole to be taken one capsule by mouth every 12 hours as needed for upset stomach. Physician states the medication is to be taken in conjunction with his pain and anti-inflammatory medication to protect his stomach and to prevent any GI complications from taking these medications. Physician states the patient has found systematic relief of acid reflux and gastrointestinal upset that occurs with the use of Naproxen. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this patient, there is documentation of dyspepsia secondary to NSAID therapy and an option is for the use of PPI. Recommendation is for authorization.