

Case Number:	CM13-0037980		
Date Assigned:	12/18/2013	Date of Injury:	07/02/2001
Decision Date:	02/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology and Pain Management 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 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 employee is a 41-year-old male who reported a work-related injury on 07/02/2001. The employee is currently diagnosed with degenerative disc disease in the lumbar spine, herniated disc lumbar spine, concordant discogram at L3-4 and L4-5, and chronic low back pain. On 11/26/2013, physical examination revealed positive tenderness in the paralumbar musculature, absent left knee reflexes, diminished range of motion, and positive straight leg raising with atrophy in the left quadricep. Treatment recommendations included pain management consultation and continuation of current medications, including diclofenac XR, omeprazole, tramadol ER, cyclobenzaprine and ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The guidelines indicate non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with

moderate to severe pain. There is no evidence supporting one drug in this class over another based on efficacy. Based upon the clinical notes submitted, the employee has continuously utilized diclofenac XR. Despite ongoing use, the employee continues to report significant pain. There is no significant change in the employee's physical examination that would indicate functional improvement with the use of diclofenac XR. Furthermore, the guidelines do not recommend long-term use of NSAID medications. Therefore, the requested Diclofenac XR 100mg is not medically necessary and appropriate.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no gastrointestinal risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor in addition to a non-selective non-steroidal anti-inflammatory drug (NSAID). Based upon the clinical notes submitted, there is no evidence of cardiovascular disease or increased risk for gastrointestinal events. There are no subjective complaints of stomach upset. Therefore, the requested omeprazole 20mg is not medically necessary and appropriate.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Based upon the clinical notes submitted, the employee has been continuously utilizing tramadol ER. Despite ongoing use, the employee continues to report significant pain. There is no documentation of a change in the employee's physical examination that would indicate functional improvement. Satisfactory response to treatment with tramadol ER has not been demonstrated. Therefore, the requested tramadol ER 150mg is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. Based upon the clinical notes submitted, the employee has been continuously utilizing cyclobenzaprine. Despite ongoing use, the employee continues to report significant pain. There is no documentation of palpable muscle spasm or spasticity on physical examination. Given that there has been a lack of clinical benefit and long-term use is not recommended, the requested cyclobenzaprine 7.5mg is not medically necessary and appropriate.

Ondansetron 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Editorial Board Palliative Care: Practice Guidelines, Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centres (ACCC); 2006 Jan 12. 28 p. [73 references].

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address the use of ondansetron. The Official Disability Guidelines state ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron has been approved by the U.S. Food and Drug Administration for nausea and vomiting secondary to chemotherapy and radiation treatment, and is also approved for post-operative use. Based upon the clinical records submitted, the employee does not meet clinical indications for the use of ondansetron. Therefore, the requested ondansetron 4mg is not medically necessary and appropriate.