

Case Number:	CM13-0040682		
Date Assigned:	12/20/2013	Date of Injury:	10/30/1995
Decision Date:	05/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine and is licensed to practice in Illinois. 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 is a 42 year old male who was injured on 10/30/1995. The mechanism of injury is unknown. He carries a diagnosis of chronic low back pain with left L5 radiculopathy, chronic neck pain and right knee pain. Diagnostic studies include NCV/EMG on 10/21/13 notes chronic left sided L5 radiculopathy. MRI of lumbar spine demonstrated 4 mm disc protrusion abutting the left L5 nerve root. PR2 dated 09/12/2013 states the patient has complaints of persistent pain of the low back. He has neck pain and right knee pain. On examination of the cervical spine, there is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is painful and restricted cervical range of motion. The lumbar spine reveals tenderness at the lumbar paravertebral muscles; Seated nerve root test is positive. Examination of the right knee remains unchanged. There is tenderness in the anterior joint line space and patellar grind test is positive. Request for Authorization note dated 08/28/2013 documents a request for Naproxen Sodium tablets 500 mg, cyclobenzaprine hydrochloride 7.5 mg, Ondansetron ODT tablets 4 mg #30; Omeprazole Delayed-Release capsules 20 mg, Medrox patch #30, and Tramadol hydrochloride ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 90 TRAMADOL HYDROCHLORIDE ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram®), Opioids Page(s): 113, 74-96.

Decision rationale: According to the CA MTUS Guidelines, Ultram is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. According to the 8/22/2013 physician's report, the patient complained of intermittent pain, but the medical records do not establish the intensity or degree of pain (i.e. mild, moderate or severe pain). Furthermore, the extended release opioids are not recommended for intermittent pain, but more so for constant pain as it is long acting. The request is not medically necessary.

RETROSPECTIVE 120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41, 64.

Decision rationale: According to CA MTUS, Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy as a antispasmodics used to decrease muscle spasms. The medical records documented the presence of muscle spasm on examination in a note written 8/28/13 and 9/12/2013. Thus, the patient would benefit from cyclobenzaprine and the request is medically necessary.

RETROSPECTIVE 60 ONDANSETRON ODT 4MG: 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 Official Disability Guidelines (ODG), Pain, and Antiemetic (for opioid nausea).

Decision rationale: Antiemetic such as Ondansetron (a serotonin 5-HT₃ receptor antagonist), are used for the treatment of nausea and vomiting. According to the 08/22/2013 request for authorization form, Ondansetron ODT was "being prescribed as a side effect to cyclobenzaprine and other analgesic agents." The medical records do not provided documentation that the patient is complaining of nausea or vomiting, or that the patient is benefiting from ondansetron in any of the notes. The medical necessity of this request is not established by the medical records.

RETROSPECTIVE 30 MEDROX PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin" topical", Salicylate topicals, Topical Analgesics Page(s): 28-29, 105, 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the references, Medrox patch is a product that contains methyl Salicylate 5%, menthol 5%, and capsaicin 0.0375%. Per the guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient. In addition, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Consequently, Medrox patch was not medically necessary.

RETROSPECTIVE 120 OMEPRAZOLE DR 20MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, PPI "Omeprazole" is recommended if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The Official Disability Guidelines state, in general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The patient is prescribed naproxen and in the records has been documented to have GI upset and epigastria abdominal pain while using NSAIDs. The presence of documented GI distress from NSAIDs use, the request for Omeprazole is medically necessary according to the guidelines.

RETROSPECTIVE 30 QUAZEPAM 15MG: Overturned

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 Official Disability Guidelines (ODG), Pain, and Quazepam.

Decision rationale: According to the Official Disability Guidelines, Quazepam is not recommended. The CA MTUS and ODG states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as

they act synergistically with other drugs. The guidelines state Benzodiazepines is the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations, and an active diagnosed anxiety or sleep disorder. Regardless, a more appropriate treatment for anxiety disorder is an antidepressant such as an SSRI. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. The medical necessity of this request was not established.