

Case Number:	CM13-0040888		
Date Assigned:	12/20/2013	Date of Injury:	06/26/2011
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesia, has a subspecialty Certificate in Acupuncture and Pain 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:

33y/o male injured worker with date of injury of 6/26/11. Electrodiagnostic evaluation of the bilateral lower extremities was performed 6/19/13, it revealed no evidence of entrapment neuropathy; electromyographic indicators of acute lumbar radiculopathy were not seen. Lumbar spine MRI was performed 8/7/13. He has been diagnosed with a severe disc herniation at the levels of L2-L3 and L3-L4 that measure roughly 10 mm impinging and abutting the spinal canal and cord. Per 8/22/13 progress note, he has bowel and bladder dysfunction and progressive neurologic deficit in the lower extremities, surgery was recommended to him. The injured worker is refractory to conservative measures, which include activity modification, physical therapy, and pain management, including two lumbar epidural blocks. The date of UR decision was 9/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550mg, 1 q 12 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-127.

Decision rationale: CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The submitted medical records indicate that the injured worker has been taking naproxen sodium since as early as 3/2012. I recognize that in 9/2013 the injured worker was developing a new acute issue the required surgical management. However, my finding that naprosyn is not medically necessary is related to its chronic use since 3/2012 through the current acute issue. Documentation supporting its use for this new development would be needed to affirm its use. As the MTUS guidelines recommend this only for short-term symptomatic relief, the request is not medically necessary.

Omeprazole DR, 1 q 12 hours, #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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g. ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" In patients with no risk factor and no cardiovascular disease, MTUS states the use of non-selective NSAIDs is OK without a PPI. This medication was requested prophylactically in conjunction with naproxen sodium, which is not medically necessary, as such this request is not medically necessary.

ODT tablets 8mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/ondansetron-and-dextrose.html

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

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "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." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. The documentation submitted for review indicates that ondansetron has been effective for this patient in relieving bouts of nauseousness associated with low back pain; however, this record is dated 9/11/12. There is no further documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.

Tramadol Hydrochloride ER 150mg, 1 q day, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 93, and 113.

Decision rationale: According to MTUS CPMTG p93, tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritis, vomiting, insomnia, dry mouth, and diarrhea. Per p113, tramadol is not recommended as a first-line oral analgesic for chronic pain. However, in 9/2013 the patient was having the evolution of an acute issue. The primary treating physician's request for authorization dated 9/16/13 indicates that this medication is being prescribed for acute severe pain. Per the document, the injured worker has benefitted from a short course of this medication in the past. I respectfully disagree with the UR physician's assertion that "no documentation of objective functional benefit from his current medication regimen" is a rationale for denial, because this rationale applies to chronic pain and this is an acute, evolving situation at the time.