

Case Number:	CM13-0048919		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2012
Decision Date:	04/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation, 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 40-year-old male who reported injury on 08/01/2012. The mechanism of injury was not provided. The patient's diagnosis was noted to be lumbago. The medication history included NSAIDs, omeprazole, and cyclobenzaprine as of 08/2012. The examination of 09/30/2013 revealed the patient had subjective complaints of pain and would like to try acupuncture. The treatment plan included acupuncture and cyclobenzaprine for muscle spasms, diclofenac for anti-inflammatory properties, tramadol for chronic pain, and omeprazole for gastritis prophylactically.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST, TRAMADOL (ULTRAM) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side

effects. Clinical documentation submitted for review failed to indicate the patient had an objective improvement in function and a decrease in the VAS score, as well as whether the patient had side effects. There was evidence the patient was being monitored for aberrant drug behavior. The duration of the medication per the submitted documentation was since 08/23/2013. There was a lack of documentation of the above recommendations. Given the above, the request for Tramadol ER 150mg #30 by mouth daily is not medically necessary.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

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

Decision rationale: California MTUS guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient had been taking the medication since 08/2012. There was a lack of documentation of efficacy of the requested medication and there was a lack of documentation indicating the patient had signs or symptoms of dyspepsia, as the physician prescribed the medication prophylactically. Given the above, the request for Omeprazole 20mg #30 is not medically necessary.

ONDANSETRON 4MG #30: 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 CHAPTER, ONDANSETRON

Decision rationale: Official Disability Guidelines does not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review failed to include the rationale for the medication. There was a lack of documentation including a DWC form RFA or PR-2 requesting the medication. As such, the date the medication was ordered could not be established. Given the above, the request for Ondansetron 4 mg #30 is not medically necessary.

CYCLOBENZAPRINE 7.5 MG P O QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

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

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. The physical examination failed to reveal the patient had an acute exacerbation of muscle spasms. There was a lack of documentation of efficacy of the requested medication. Given the above, the request for Cyclobenzaprine 7.5 mg #30 is not medically necessary.