

Case Number:	CM13-0049240		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2012
Decision Date:	05/08/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; left and right carpal tunnel release surgeries; lumbar epidural steroid injection therapy; and extensive periods of time off of work. In a utilization review report of October 7, 2013, the claims administrator approved a request for Naprosyn, denied a request for cyclobenzaprine, denied a request for Sumatriptan, denied a request for Ondansetron, and denied a request for omeprazole, partially certified clonazepam, and approved tramadol outright. The applicant's attorney subsequently appealed. An earlier note of September 3, 2013 is notable for comments that the applicant reports unchanged low back pain, headaches, migraine headaches, and persistent pain about the wrist associated with carpal tunnel syndrome. It is stated that the applicant is not interested in surgical intervention. The applicant is placed off of work, on total temporary disability. In a handwritten note dated October 1, 2013, which employed preprinted checkboxes and did not furnish any applicant-specific information, the attending provider prescribed and sought authorization for various medications, including Naprosyn, Flexeril, Imitrex, Ondansetron, omeprazole, clonazepam, and tramadol. In an early note of August 15, 2013, the applicant was again described as having ongoing issues with neck pain, headaches, shoulder pain, and hip pain. The applicant was again placed off of work, on total temporary disability, on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is not recommended as an addition to other agents. In this case, the applicant is using numerous other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on independent medical review.

SUMATRIPTAN SUCCINATE 25MG #9 WITH A REFILL: 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 Physicians' Drug Reference (PDR), Imitrex Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Physicians' Drug Reference (PDR) does acknowledge that Imitrex is indicated in the treatment of acute migrainous attacks, in this case, however, there was no mention of the applicant having an acute attack of a migraine headache on or around the date in question. The attending provider simply stated that the applicant is having unspecified headaches, likely associated with the applicant's neck pain. It is further noted that the attending provider did not specifically allude to usage of Imitrex in any recent progress note. The attending provider did not detail the applicant's response to Imitrex (Sumatriptan) in the past. Rather, the attending provider has simply endorsed usage of Sumatriptan with a refill without any accompanying clinical information. Accordingly, the request is not certified, for all the stated reasons.

ONDANSETRON ODT 4 OR 8 MG #30 WITH A REFILL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ondansetron Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Ondansetron or Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant has any active symptoms of nausea as of the date of request. There was no evidence that the applicant was vomiting on or around the date of request. There was no evidence that the applicant had any recent cancer chemotherapy, radiation therapy, and/or surgery. For all the stated reasons, then, the request is likewise not certified, on independent medical review.

OMEPRAZOLE 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton-pump inhibitor such as omeprazole in the treatment NSAID induced dyspepsia, in this case, however, there is no mention of any active issues, signs, or symptoms of dyspepsia, reflux and/or heartburn for which ongoing usage of omeprazole would be indicated, either NSAID-induced or stand-alone. Accordingly, the request is likewise not certified, on Independent Medical Review.

QUAZEPAM 15MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine topic Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine such as clonazepam are not recommended for chronic or long-term use purposes, either for muscle relaxant effect, antispasmodic effect, anticonvulsant effect, or anxiolytic effect. In this case, the attending provider has not proffered any applicant-specific rationale to the request for authorization so as to try and offset the unfavorable MTUS recommendation. The attending provider did not, as previously noted, specifically allude to usage of clonazepam or other medications in any recent report provided. Rather, the attending provider simply refilled this and other medications without providing any associated clinical information. Therefore, the request is likewise not certified.