

Case Number:	CM13-0052527		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2011
Decision Date:	05/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 & 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 injured worker is a 39-year-old male who reported an injury on 12/27/2011. The mechanism of injury was not provided. Current diagnosis is cervical/lumbar discopathy. The injured worker was evaluated on 10/03/2013. The injured worker reported residual symptomatology in the lumbar spine as well as the cervical spine. Physical examination revealed paravertebral muscle spasm, positive axial loading compression test, generalized weakness and numbness, tenderness in the mid to distal lumbar segments, limited range of motion of the lumbar spine, and dyesthesia in the L5 and S1 dermatomes. Treatment recommendations included chiropractic physiotherapy and continuation of current medications. A request for authorization was then submitted on 11/04/2013 for naproxen 550 mg, cyclobenzaprine 7.5 mg, sumatriptan 25 mg, ondansetron 8 mg, omeprazole 20 mg, and tramadol ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 NAPROXEN SODIUM 550MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.

120 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 California MTUS Guidelines state muscle relaxants are recommended as no sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Therefore, the request is non-certified.

60 ONDANSETRON ODT 8MG: 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) Pain (Chronic)

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, Antiemetic

Decision rationale: Official Disability Guidelines state ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron has been FDA-approved for nausea and vomiting secondary to chemotherapy and radiation as well as postoperative use. The injured worker does not meet any of the above-mentioned criteria for the use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.

120 OMEPRAZOLE DR 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 California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.

90 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 California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.