

Case Number:	CM13-0053131		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2011
Decision Date:	04/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

The patient is a 39-year-old male who suffered an industrial accident while driving a bus at work on 6/10/2011. He is a bus driver by profession. He suffered injuries to his back and his left leg. Since then he has undergone treatment with multiple diagnostic procedures, oral medications, therapy sessions, nerve stimulators and multiple surgeries. His last evaluation dated 10/15/2013 documents that the patient continued to have significant lower backache, rated at 8/10. Thoracic and Lumbar spine had old surgical scars with limited range of motions. The patient displayed a slow and antalgic gait, tenderness in the paralumbar region with positive muscle spasms. Muscle power was at 5/5 in all muscle groups in both the lower extremities. He exhibited an inability to walk on tiptoes or heel walk. The patient was diagnosed with, status post lumbar spine fusion and decompression; status post left ankle arthroscopy, and right knee sprain. Current medication prescribed includes: Diclofenac XR 100mg, Omeprazole 20mg, Tramadol ER 150mg, Cyclobenzaprine 7.5mg, Ondansetron 4mg and a pain stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #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) Chronic Pain, NSAIDs, Diclofenac

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, NSAIDs, Diclofenac

Decision rationale: As per ODG guidelines Diclofenac is not the first line drug for chronic pain. This drug along with other NSAIDs has high incidence of side effects especially GI, Cardiovascular and Renal. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient's pain grading is 8/10 but his other activities are near normal with some restriction. It is not known if he is working. There is no documentation of acute or breakthrough pain and as NSAIDs are used for short term. This patient does not fulfill the criteria for medical necessity of this medication. Diclofenac XR 100mg is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pump Inhibitors Page(s): 68 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)(Updated 3/27/2014) Proton Pump Inhibitors

Decision rationale: As per guidelines Proton Pump Inhibitors (Omeprazole) is used to treat Gastritis Dyspepsia NSAIDs induced or otherwise. In this case, there is no clear evidence or mention of dyspepsia, either NSAID-induced or stand-alone. Proton pump inhibitor, such as omeprazole are indicated in the treatment of NSAID induced gastritis and dyspepsia. According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. The entire previous progress reports document PPI for prevention of gastritis but no specific evidence of gastritis has been documented. Since Diclofenac (NSAID) has not been approved, omeprazole is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80, 84 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioids, Tramadol

Decision rationale: This patient is four months post-operative, and continued use of opioids is not recommended as per guidelines. CA-MTUS (Effective July 18, 2009) Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. At this point in time, there needs to be consideration of weaning off all narcotic medication in order to prevent chronic dependency with inability to return to gainful employment and appropriate daily activities. In lieu of the proposed medication, consideration can be given to Acetaminophen or an appropriate first line NSAID such as Naproxen. Additionally, active treatment protocols with physical therapy should be considered for further pain relief. If there is trouble weaning this patient from the prescribed narcotics, behavioral modification therapy should be considered. In this case the records do not support any of the above; hence this makes Tramadol medically not necessary.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Muscle Relaxant

Decision rationale: Cyclobenzaprine is a muscle relaxant which also has sedative action. According to guidelines, limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The recommended dosage is 5-10mg thrice daily, for no longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. This patient is more than four months post-surgery and he does have some muscle spasm in the last examination. He has been using it for a long time and has moved beyond the usefulness of the medication. As this drug also has CNS depressant action he needs to be weaned away from this medication as it will interfere with his work. At this point Cyclobenzaprine 7.5mg #30 is not medically necessary.

Ondansetron 4mg #30: Upheld

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

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, Opioids, Antiemetic, Other Medical Treatment Guideline or Medical Evidence: Medicine Net .com

Decision rationale: Ondansetron is primarily used for antiemesis induced by chemotherapy for cancer. It is not recommended as an anti-emetic for opioid induced nausea and vomiting. In this

case there is no documentation of any chemotherapy for cancer. CA-MTUS (Effective July 18, 2009) is mute on this topic. According to Medicinenet.com, This medication is used alone or with other medications to prevent nausea and vomiting caused by cancer drug treatment (chemotherapy) and radiation therapy. It is also used to prevent and treat nausea and vomiting after surgery. It works by blocking one of the body's natural substances (serotonin) that causes vomiting. ODG-TWC-Pain Therapy section: Ondansetron (Zofran®): Not recommended for nausea and vomiting secondary to chronic opioid use. The documentation provided for review, does not fulfill the criteria for the use of this drug. Therefore the request for Ondansetron 4mg #30 is not medically necessary.

Pain Stimulator Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)(Updated 3/31/2014) Spinal Cord Stimulators.

Decision rationale: Spinal cord stimulators according to CA- MTUS are recommended for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below and following successful temporary trial. In this patient there is no documentation that the patient has failed less invasive attempts to address the patient's pain coping skills such as psychotherapy. The patient had surgery, physical therapy and pain medications and continues to have pain. There is no psychological evaluation that support that the patient is an appropriate candidate for spinal cord stimulator trial. Also the guideline requires that Spinal Stimulation treatment should be offered after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. The documentation in the patient's record do not indicate the medical necessity. Spinal Cord Stimulator Trial is not medically necessary.