

Case Number:	CM13-0058575		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2007
Decision Date:	05/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesia, has a subspecialty in Acupuncture & 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 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:

59 year old male injured worker with date of injury 6/11/07. He was diagnosed with cervical discopathy with radiculitis and lumbar discopathy with radiculitis. MRI of the cervical spine dated 10/26/11 revealed loss of intervertebral disc height and disc desiccation changes at C5-C6; right paracentral and right lateral 2.8mm broad-based disc protrusion at C2-C3 with left lateral spinal and neural foraminal stenosis; annular concentric and bilateral lateral 2.5mm broad-based disc protrusion flattening and abutting the anterior protrusion of the thecal sac with mild bilateral neural foraminal stenosis at C4-C5. Treatment to date has included physical therapy, right shoulder arthroscopy with decompression and repair 5/11/12, carpal tunnel surgery bilateral wrists, and medication management. He underwent cervical surgery 10/4/13. The date of UR decision was 10/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. 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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." While the injured worker does have a chronic injury, he is being treated for an acute exacerbation of chronic back pain with tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm noted per 9/3/13 report. I respectfully disagree with the UR physician's assertion that the documentation did not note muscle spasm on examination. 10/15/13 note indicates that the injured worker was provided a brief course of this treatment in the past (3/2013) that provided significant improvement in the spasms. The requested treatment is medically necessary.

SUMATRIPTAN SUCCINAE 25MG #9 X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, TRIPTANS

Decision rationale: The MTUS is silent on the use of triptans. The ODG guidelines state, "Recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated." This medication is indicated for the treatment of headaches, particularly migraine headaches. Review of the submitted medical records reveal no documentation of headaches or migraines related to the industrial injury, the request is not medically necessary.

ONDANSETRON ODT 8MG #30 X 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference

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

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." The injured worker is postoperative. It is noted that this treatment is being prescribed to the injured worker as there is a known side effect of nausea associated with cyclobenzaprine which has also been prescribed to the injured worker. The request is suitable for nausea for medications used for acute nociceptive post op pain. The request is medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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

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 cardio protection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naprosyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Because this injured worker is negative for history of peptic ulcer, GI bleeding or perforation, and does not have cardiovascular disease, his risk for gastrointestinal events is low, as such, this request is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90: 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): 77.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p77 regarding therapeutic trial of opioids, steps to take before a therapeutic trial of opioids: "(b) a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid

analgesics." Review of the submitted documentation does not indicated failed trial of non-opioid analgesics. Furthermore, per MTUS CPMTG p113, Tramadol is not recommended as a first-line oral analgesic. The request is not medically necessary.

POST-OPERATIVE LEVOFLOZACIN 750MG #30: Overturned

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 Medical Treatment Guideline or Medical Evidence: documentation submitted for review

Decision rationale: The MTUS and ODG are silent on the use of this medication. The documentation submitted for review indicates that this is prescription is provided as a routine precaution to avoid postoperative infection. As the injured worker's cervical surgery was related to the industrial injury, the request is medically necessary.