

Case Number:	CM13-0061587		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2011
Decision Date:	04/09/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 25, 2011. 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; topical compounds; muscle relaxants; prior lumbar fusion surgery; and a cardiac ablation procedure. In a Utilization Review Report of November 4, 2013, the claims administrator denied requests for Naprosyn, Flexeril, Imitrex, Zofran, Prilosec, and tramadol. The applicant's attorney subsequently appealed. An earlier progress note of November 22, 2013 is notable for comments that the applicant reports persistent knee, foot, ankle, neck, low back, and bilateral hip pain. There is a surgical scar present about the lumbar spine with painful range of motion noted about the cervical spine. The applicant is asked to consult a foot and ankle specialist and a hernia specialist while remaining off of work, on total temporary disability. Various medications are refilled at various points in time, although the attending provider did not seemingly discuss which medications were being employed on any recent progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 550 #100: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, the employee has failed to achieve any lasting benefit or functional improvement despite ongoing usage of Naprosyn. The employee remains off of work, on total temporary disability. The employee's pain complaints are seemingly heightened from visit to visit. The attending provider has not clearly stated how ongoing usage of Naprosyn has generated any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request for Naprosyn is not certified, on Independent Medical Review.

CYCLOBENZAPRINE 7.5: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants, Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the employee is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Accordingly, the request is not certified, on Independent Medical Review.

SUMATRIPTAN (LMITREX): 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 Physician's Drug Reference PDR

Decision rationale: The MTUS does not address the topic. While the Physician's Drug Reference (PDR) does acknowledge that Imitrex or sumatriptan is indicated in the treatment of acute migraine attacks or cluster headaches, in this case, however, the documentation on file does not establish the presence of acute migraine attacks or cluster headaches. Accordingly, the request is not certified, on Independent Medical Review.

ONDANSETRON OR ZOFTRAN: 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 FOOD AND DRUGS ADMINISTRATION (FDA) ONDANSETRON SECTION

Decision rationale: Again, the MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the employee has had any recent spine surgery. The employee's lumbar spine surgery apparently took place several months prior. There is no evidence that the employee completed any radiation therapy or chemotherapy, either. Ongoing usage of Zofran is not, consequently, indicated. Therefore, the request remains non-certified, on Independent Medical Review.

OMEPRAZOLE 20 MG: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, documentation on file does not discuss or describe any symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Omeprazole is not, consequently, indicated. Accordingly, the request remains non-certified, on Independent Medical Review.

TRAMADOL EXTENDED RELEASE 150 MG: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids: When to continue opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, it does not appear that the employee has met these criteria despite ongoing usage of tramadol, a synthetic opioid. The employee remains off of work, on total temporary disability. The most recent progress note seemingly suggests that the employee's pain complaints are heightened as opposed to reduced. Continuing tramadol,

consequently, is not indicated. Therefore, the request is not certified, on Independent Medical Review.