MAXIMUS Federal Services

Case Number:	CM13-0061860		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2013
Decision Date:	04/11/2014	UR Denial Date:	11/01/2013
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 Internal Medicine, Pulmonary Diseases 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 male with an unknown date of birth who reported an injury on 05/03/2013. The mechanism of injury was noted to be a motor vehicle accident. The patient is diagnosed with neck pain, brachial neuritis or radiculitis lower back pain, cervical sprain/strain, and lumbar strain/sprain. A 08/06/2013 clinical note indicates that the patient symptoms include intermittent pain and tightness in his neck, radiating pain into his upper back and into his upper extremities, and low back pain with no radiation to the lower extremities. It further states that the patient denied headaches and denied numbness, tingling, or weakness in his arms and legs. His physical examination was noted to include tenderness to palpation of the par cervical muscles in the trapezius, as well as painful and decreased range of motion. He was also noted to have a positive bilateral Spurling's test in the cervical spine and positive straight leg rising bilaterally in the lower extremities. His lumbar spine was noted to have tenderness to palpation of the iliolumbar region and decreased painful range of motion. His medications were noted to include cyclobenzaprine 5 mg, hydrocodone/APAP 10/325 mg every 4 hours, ibuprofen 800 mg, naproxen, omeprazole 40 mg, and orphenadrine citrate. His treatment plan was noted to include chiropractic treatment and anti-inflammatory medication. His most recent note provided for review was dated 10/15/2013 and indicated that his symptoms included low back pain, which was noted to be improving. His medications were noted to include naproxen 550 mg twice a day as needed and his treatment plan was noted to include continue use of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CYCLOBENZAPRINE 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Flexeril Page(s): 41-42.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine is recommended as an option for a very short course of therapy as cyclobenzaprine has been found to be more effective than placebo in the management of back pain; however, the effect was modest and comes with a price of greater adverse effects. The Guidelines specifically state that the effect of cyclobenzaprine has been found to be greatest in the first 4 days of treatment, further suggesting that shorter courses are better. The patient's most recent office note dated 10/15/2013 indicated that he was only utilizing naproxen sodium 550 mg twice a day as needed. There were no details provided regarding a prescription for cyclobenzaprine. Due to the lack of details regarding the request and as cyclobenzaprine is only recommended for very short courses of therapy, the request for 120 Cyclobenzaprine 7.5mg is not supported.

18 SUMATRIPTAN SUCINATE 25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, and Migraine pharmaceutical treatment

Decision rationale: According to the Official Disability Guidelines, triptans for migraine sufferers are recommended as they have been found to be effective and well tolerated in the treatment of migraines. The clinical information submitted for review indicated that the patient had cervical spine and lumbar spine pain, but that he denied headaches. Details were no provided regarding the patient's need for Sumatriptan, as he was not noted to have migraine headaches. In the absence of further details regarding the request, the request for 18 Sumatriptan Sucinate 25mg is not supported.

60 ONDANSETRON 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), Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Antiemetic for opioid nausea

Decision rationale: According to the Official Disability Guidelines, antiemetic are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is noted to be FDA approved for nausea and vomiting secondary to chemotherapy and radiation, or for postoperative use as well as acute use for gastroenteritis. The clinical information submitted for review failed to provide details regarding the request for ondansetron. The patient was not shown to have symptoms of nausea or gastroenteritis to warrant use of ondansetron. Therefore, the request for 60 Ondansetron 8mg is non-certified.

120 OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications who have been found to be at significant risk for gastrointestinal events or who have complained of symptoms of dyspepsia related to NSAID use. The clinical information submitted for review indicates that the patient was taking naproxen, an NSAID, for its anti-inflammatory effects. However, there is no documentation indicating that the patient had symptoms of dyspepsia or was found to be at significant risk for gastrointestinal events. Therefore, the request for 120 Omeprazole 20mg is not supported.

90 TRAMADOL ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to provide any details regarding the request for Tramadol. Therefore, it is unknown whether the request for Tramadol represents a new prescription or a continuation, which would require detailed documentation as stated above. In the absence of details regarding the request for 90 Tramadol ER 150mg, it is not supported.