MAXIMUS Federal Services

Case Number:	CM13-0070133		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2012
Decision Date:	05/28/2014	UR Denial Date:	11/23/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine and 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 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 42 year old female who reported an injury on 8/10/12 of unknown mechanism. On the clinical note dated 10/23/13, the injured worker complained of chronic low back pain and left lower extremity pain. Upon physical examination of the lumbar spine it was documentated that there was some pain and tenderness on the left side extending to what appeared to be the S1 root. Diagnostic studies conducted on 5/21/13 reported findings consistent with chronic S1 radiculopathy. There was no active lumbar radiculopathy or evidence of entrapment neuropathy bilaterally in the lower extremities. The treatment plan included an intramuscular injection that was given during the clinical visit for symptomatic relief. The treatment plan also included prescriptions for Naproxen sodium 550mg, cyclobenzaprine hydrochloride 7.5mg, Ondansetron ODT 8mg, Omeprazole delayed-release 20mg, Tramadol hydrochloride ER 150mg, and 10 Terocin patches.

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: Upheld

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

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

Decision rationale: The California MTUS guidelines state that cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment. It was documented that the injured worker had complained of chronic low back pain; however, there was no documentation of current pain status and other conservative treatments. The request also exceeds the recommended short course of therapy. Therefore, the request for cyclobenzaprine is not medically necessary.

TEROCIN PATCHES #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The California MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin is a compound of lidocaine and menthol. Guidelines also state that it is not recommended for non-neuropathic pain. The clinical note did not show documentation of neuropathic pain or deficits. Therefore, the request for 10 Terocin patches is not medically necessary.

NAPROXEN 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS Page(s): 68.

Decision rationale: The California MTUS guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short term symptomatic relief; however, a Cochrane review of literature on drug relief for low back pain suggested that NSAIDs are no more effective than other drugs such acetaminophen, narcotic analgesics, and muscle relaxants. The medical records submitted for review stated that the injured worker complained of chronic low back pain; however, there was no documentation of her current pain status and other conservative treaments. Therefore, the request for Naproxen is not medically necessary.

ONDANSETRON ODT 8MG #60: 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.

Decision rationale: The Official Disability Guidelines (ODG) state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines also state that nausea and vomiting are common with the use opioids and these side effects tend to diminish over days to weeks of continued exposure. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for post-operative use and acute gastroenteritis. The clinical not did not show documentation of current medications and/or their side effects. Therefore, the request for Ondansetron ODT is not medically necessary.

TRAMADOL 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 Page(s): 80.

Decision rationale: The California MTUS guidelines state that opioids appear to be efficacious, but limited for short-term pain relief. Long-term efficacy is unclear, but it also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The clinical note did not show documentation of current or past medications or current pain status. It also did not show documentation of conservative therapies. There was also a lack of submitted urine drug screens consistent with medication regimen. Therefore, the request for Tramadol ER is not 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 Page(s): 68.

Decision rationale: The California MTUS guidelines state that proton pump inhibitors such as Omeprazole may be recommended if the injured worker is at risk for gastrointestinal events. Risk factors include (1) being over the age of 65; (2) having a history of peptic ulcer, GI bleeding, or perforation; (3) concurrently using ASA, corticosteroids, and/or an anticoagulant; or (4) taking high dose/multiple NSAIDs (non-steroidial anti-inflammatory drugs). The clinical notes did not show documentation of any history of gastrointestinal upset or current medications. Therefore, the request for Omeprazole is not medically necessary.