

Case Number:	CM14-0006823		
Date Assigned:	02/07/2014	Date of Injury:	09/25/2013
Decision Date:	06/12/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 60-year-old male with date of injury 9/25/2013. The patient complains of occasional neck pain associated with headache, intermittent bilateral wrist pain with tingling and numbness, intermittent low back pain radiating down to right lower extremity, and intermittent bilateral knee pain right greater than left. Physical examination findings for neck complaint include cervical paravertebral muscle spasm, positive axial loading compression test, and generalized weakness and numbness. Lumbar spine examination notes tenderness on mid to distal lumbar segments, guarding and restriction of flexion and extension while standing, and dysesthesia of L5-S1 dermatome. Bilateral knee examination notes tenderness in the anterior joint line space, positive patellar grind test. Plane film radiographic study notes spondylosis of C5 through C7 and anterolisthesis of C4. The provider also states "significant spondylosis at the level of L5-S1" with flexion and extension study. The provider noted "some degenerative changes" on bilateral knee studies. The history of injury notes the patient was self treated with over the counter medication and rest prior to making a visit to the physician's office for each flare-ups. The diagnoses include the following: cervical/lumbar discopathy, carpal tunnel/double crush syndrome, and internal derangement bilateral knees. The request for Naproxen Na 550mg #120, Omeprazole DR 20mg #120, Ondansetron ODT 8mg #30, Cyclobenzaprine HCL 7.5 mg #120, Tramadol HCL 150mg #90, and Sumatriptan Succinate 9mg #18 were denied by utilization reviewer based on lack of comprehensive report documenting evidence for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This patient presents with neck, back, bilateral wrist and bilateral knee complaints. The request is for Naproxen sodium 550 mg, #120. The MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) usage is "recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." The request was made with the initial evaluation note and this request is to be considered first line therapy. With documented degenerative joints per plain film study and examination findings, the MTUS supports the use of this medication. The recommendation is for authorization.

OMEPRAZOLE DR 20 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Food and Drug Administration (FDA)

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

Decision rationale: This patient presents with neck, back, bilateral wrist and bilateral knee complaints. The request is for Omeprazole DR 20mg, #120. The MTUS guideline recommends use of prophylactic proton pump inhibitors (PPI's) for patients on non-steroidal anti-inflammatory drugs (NSAIDs) with mild to moderate risk factor for gastrointestinal events such as age greater 65, concurrent use of acetylsalicylic acid (ASA), anticoagulants, etc. This patient does not present with any gastrointestinal risk factors and the medical records supplied for the current review does not document such risk factor. The recommendation is for denial.

ONDANSETRON ORAL DISINTEGRATING TABLET (ODT) 8 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron

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

Decision rationale: This patient presents with neck, back, bilateral wrist and bilateral knee complaints. The request is for Ondansetron ODT 8mg, #30. The ACOEM Guidelines do not discuss ondansetron. However, the Official Disability Guidelines (ODG) has the following regarding anti-emetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per Food and Drug Administration (FDA) - approved indications."..."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 treating provider is requesting this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of ondansetron for medication-induced nausea. The recommendation is for denial.

CYCLOBENZAPRINE HCL 7.5 MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants (for pain), Page(s): 63-66.

Decision rationale: This patient presents with neck, back, bilateral wrist and bilateral knee complaints. The request is for Cyclobenzaprine HCL 7.5 mg #120. The treating provider documents cervical paravertebral muscle spasm and painful and restricted cervical and lumbar motion. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There's no documented usage of this medication prior to this request. The recommendation is for authorization.

TRAMADOL HCL 150 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with neck, back, bilateral wrist and bilateral knee complaints. The request is for Tramadol HCL 150mg, #90. The MTUS guideline comments on the therapeutic trial of opioid should follow criteria including follow "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." The treating provider states on his report that patient had initially received a course of therapy which was referred by Dr. [REDACTED] which was not beneficial and "The patient could not recall having consulted any other physicians or having been provided any further course of treatment when he presented in my office today for orthopedic examination." There's no evidence of receiving other medication treatment. If the patient fails trial of non-steroidal anti-inflammatory drug (NSAID), then Tramadol can be considered. Furthermore, the treating provider is starting

this medication at a quite high dose. The MTUS recommends starting with low dose when opiates are used. The recommendation is for denial.

SUMATRIPTAN SUCCINATE 9 MG, #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sumatriptan tablets

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

Decision rationale: This patient presents with neck, back, bilateral wrist and bilateral knee complaints. The request is for Sumatriptan succinate 9mg, #18. The Official Disability Guidelines (ODG) states, "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." The treating provider documents headache, but these are cervicogenic headaches and not migraines. The recommendation is for denial.