MAXIMUS Federal Services

Case Number:	CM14-0103243		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2005
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 3, 2005.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 agents; earlier lumbar fusion surgery; and reported return to regular duty work.In a June 19, 2014 progress note, the claims administrator denied a request for naproxen, Prilosec, Zofran, Norflex, tramadol, and Terocin.The applicant's attorney subsequently appealed.In a January 9, 2014 progress note, the applicant reported persistent complaints of low back and neck pain. A well-healed scar was noted about the lumbar spine. The applicant was asked to continue home exercises and unspecified medications. The attending provider stated that the applicant was being returned to regular duty work and that medications were being refilled under a separate cover.On June 19, 2014, the applicant reported persistent complaints of low back pain, 4/10. Medications were refilled under a separate cover.On July 15, 2014, the applicant's pain level was reportedly unchanged. The applicant was working regular duty, it was suggested, despite ongoing complaints of low back pain.In a prescription form dated December 5, 2013, the attending provider refilled various medications, including Norco, Terocin, Prilosec, and Flexeril.In a handwritten note dated May 8, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain. The applicant was asked to continue current medications and consider hardware blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen Sodium 550mg, #100; 5/21/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen 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, the applicant's symptomatic self-report of appropriate analgesia with medications, coupled with the applicant's successful return to regular duty work, does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of naproxen. Accordingly, the request was medically necessary.

Retro: Omeprazole 20mg, #120; 5/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovasxular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file, several of which were handwritten, not entirely legible, difficult to follow, made no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would have compelled provision of omeprazole. Therefore, the request was not medically necessary.

Retro: Ondansetron 8mg, #60; 5/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that

ondansetron is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant underwent any kind of surgery, received radiation therapy, and/or surgery on and around the date in question. No rationale for selection and/or ongoing usage of omeprazole was furnished. Therefore, the request was not medically necessary.

Retro: Orphenadrine Citrate ER 100mg, #120; 5/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) is recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The 120-tablet supply of orphenadrine (Norflex), however, implies, chronic, long-term, and scheduled usage of the same. This is not an MTUS-endorsed role for muscle relaxants. No rationale for selection and/or ongoing usage of Norflex in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request was not medically necessary.

Retro: Tramadol ER 150mg, #90; 5/21/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has achieved and/or maintained successful return to work status with ongoing tramadol usage. The attending provider has written on several occasions that various medications, including tramadol, have been symptomatically beneficial. Continuing the same, on balance, was therefore indicated. Accordingly, the request was medically necessary.

Retro: Terocin Patch, #30; 5/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical medications, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including naproxen and tramadol, both of which were approved through this Independent Medical Review report, effectively obviates the need for the Terocin patches at issue. Therefore, the request was not medically necessary.