

Case Number:	CM14-0014057		
Date Assigned:	02/21/2014	Date of Injury:	01/08/2009
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 45 year old male who reported an injury on 01/08/2009. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/21/2013 reported the injured worker complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker was awaiting the proposed surgical authorization for the cervical spine. The physical examination noted paravertebral muscle spasms with a positive axial loading compression test. There was generalized weakness and numbness noted. The injured worker had a diagnosis of cervical discopathy. The provider recommended 120 Cyclobenzaprine Hydrochloride 7.5 mg, 18 Sumatriptan Succinate 25 mg, 60 Ondansetron ODT 8 mg, 120 Omeprazole DR 20 mg, 30 Quazepam 15 mg, 90 Tramadol Hydrochloride ER 150 mg. The request for authorization was provided and dated 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-65.

Decision rationale: The request for 120 Cyclobenzaprine hydrochloride 7.5 mg is non-certified. The injured complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker is awaiting the proposed surgical authorization for the cervical spine. The California MTUS guidelines recommended Cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The guidelines also note this medication is not recommended to be used for longer than 2-3 weeks. There is a lack of objective findings indicating the efficacy of the medication. The injured worker continued reporting muscle spasms. In addition the requested medication has been prescribed since 11/21/2013 which exceeds the guideline recommendations of a 2-3 week time frame. Therefore, the request for 120 Cyclobenzaprine Hydrochloride 7.5 mg is not medically necessary.

18 SUMATRIPTAN SUCCINATE 25 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, Head (Trauma, Headaches, etc., not including Stress & Mental Disorders)

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

Decision rationale: The request for 18 Sumatriptan Succinate 25 mg is non-certified. The injured complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker is awaiting the proposed surgical authorization for the cervical spine. The Official Disability Guidelines recommend Triptans for migraine sufferers. At marketed does, all oral triptans are effective and well tolerated. There was a lack of adequate information provided concerning the injured workers migraine headaches, including the severity of the migraines, how long the injured worker has had the migranes, the frequency of the migraines, and the prior courses of treatment. Therefore, the request for 18 Sumatriptan Succinate 25 mg is not medically necessary.

60 ONDANSETRON ODT 8 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, Pain (Chronic).

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

Decision rationale: The request for 60 Ondansetron ODT 8 mg is non-certified. The injured worker complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker is awaiting the proposed surgical authorization for the cervical spine. The Official Disability Guidelines do not recommend Ondansertron ODT for nausea and vomiting secondary to chronic opioid use. The guidelines note Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, as well

as for postoperative use. There is a lack of clinical documentation indicating the medical necessity of the medication. The clinical documentation indicated the injured worker is awaiting approval for cervical spine surgery; however, it was unclear if the injured worker would undergo surgery in the near future for which postoperative use of the medication would be indicated. Therefore, the request for 60 Ondansetron ODT 8 mg is not medically necessary.

120 OMEPRAZOLE DR 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for 120 mg Omeprazole DR 20 mg is non-certified. The injured worker complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker is awaiting the proposed surgical authorization for the cervical spine. The California MTUS guidelines recommend Omeprazole with precaution. The guidelines also recommend utilizing the following criteria to determine if the injured worker is at risk for gastrointestinal events; injured workers should be greater than the age of 65 year old, have a history of peptic ulcer or gastrointestinal bleed. The guidelines also note omeprazole is used for the treatment of dyspepsia secondary to NSAID therapy. There is lack of documentation indicating the injured worker to have dyspepsia secondary to NSAID therapy as it did not appear the injured worker was on any NSAID therapy. It did not appear the injured worker has a history of GI bleed, perforation, or peptic ulcer. Therefore, the request for 120 mg Omeprazole DR 20 mg is not medically necessary.

30 QUAZEPAM 15 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The request for 30 Quazepam 15 mg is non-certified. The injured worker complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker is awaiting the proposed surgical authorization for the cervical spine. The California MTUS guidelines recommended quazepam for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The guidelines also note this medication is not recommended to be used for longer than 2-3 weeks. There is a lack of objective findings indicating the efficacy of the medication. The requesting physicians rationale for the request was unclear. In addition injured worker had been prescribed quazepam since 11/21/2013 which exceeds the guidelines recommendations of use of 2-3 weeks. Therefore, the request for 30 Quazepam 15mg is not medically necessary.

90 TRAMADOL HYDROCHLORIDE ER 150 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT, Page(s): 78-79.

Decision rationale: The request for 90 Tramadol Hydrochloride ER 150 mg is non-certified. The injured complained of cervical spine pain with chronic headaches, tension between the shoulder blades, and migraines. The injured worker is awaiting the proposed surgical authorization for the cervical spine. The California MTUS guidelines indicate the use of ongoing review and documentation of pain relief, functional status, appropriate medication use and side effect. The guidelines also note the use of a urine drug screen. The provider did not provide an adequate pain assessment. There was a lack of objective findings indicating the efficacy of the Tramadol. There was also a lack documentation indicating the use of a urine drug screen. Therefore, the request for 90 Tramadol Hydrochloride ER 15 mg is not medically necessary.