MAXIMUS Federal Services

Case Number:	CM14-0015244		
Date Assigned:	02/28/2014	Date of Injury:	04/26/2012
Decision Date:	07/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Oklahoma. 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 55-year-old male who reported an injury on 04/26/2012 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/06/2014, the requesting physician annotated that they had determined specific pharmacological agents to be necessary for the symptomatic relief of the injured worker's persistent pain. These included naproxen sodium tablets 550 mg #100 for inflammation and pain to be taken once every 12 hours with food as needed and cyclobenzaprine hydrochloride tablets 7.5 mg #120 for the injured worker's palpable muscle spasms noted during examination 1 tablet every 8 hours as needed and not to exceed 3 per day. It was noted that the injured worker was provided a brief course of this prescribed medication in the past with noted significant improvement in the spasms. Ondansetron ODT tablets 8 mg #30 times 2 quantity 60 was prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents, to be taken as needed for nausea no more than twice a day. Omeprazole delayed release capsules 20 mg #120 was prescribed for GI symptoms to be taken 1 capsule every 12 hours as needed for upset stomach in conjunction with the pain and anti-inflammatory medication in order to protect the stomach and to prevent any GI complications from taking these medications. It was noted that the injured worker was prescribed naproxen which has a great potential for gastrointestinal symptoms. It was also noted that the injured worker had described stomach upset and epigastric pain with the use of naproxen previously. Tramadol hydrochloride ER 150 mg #90 was prescribed for acute severe pain to be taken once a day as needed for pain. It was noted that the injured worker described acute severe pain and had stated he benefited from a short course of this medication in the past. There was no physical examination provided in the clinical note or other previous treatments. The Request for Authorization for naproxen sodium tablets,

omeprazole delayed release, ondansetron, cyclobenzaprine, and Tramadol hydrochloride for the diagnoses of carpal tunnel, sprain of ribs, derangement-nec-s and knee was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADS (NON-STEROIDAL ANTI-INFAMMATORY DRUGS) Page(s): 67.

Decision rationale: The request for naproxen sodium 550 mg #100 is not medically necessary. The California MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, in particular for those with gastrointestinal, cardiovascular, or Reno-vascular risk factors. In the clinical notes provided for review, it was noted that the injured worker had previously taken naproxen; however, it was also noted that he had symptoms of GI upset. The guidelines recommend acetaminophen to be considered for initial therapy, in particular for those with gastrointestinal risk factors. Also, within the clinical notes, there was lack of documentation of the pain level status or efficacy or side effects of prescribed medications of the injured worker. The frequency was not provided in the request as submitted. Therefore, the request for naproxen sodium 550 mg #100 is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE HCL 7.5MG #120: Upheld

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

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

Decision rationale: The request for cyclobenzaprine Hcl 7.5 mg #120 is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine has its greatest effect in the first 4 days of treatment, suggesting that shorter courses may be better. In the clinical notes provided for review, it was noted that the injured worker had previously tried cyclobenzaprine with significant improvement in the spasms noted. There was also lack of documentation of the duration and pain level status and physical examination to support the request of cyclobenzaprine. The guidelines also recommend a short course of therapy noting the first 4 days of treatment to have the greatest effect. However, the request for cyclobenzaprine hydrochloride tablets 7.5 mg #120 exceeds the recommended guidelines. The request as submitted failed to provide the frequency of the

medication. Therefore, the request for cyclobenzaprine Hcl 7.5 mg #120 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ANTIEMETICS (FOR OPIOID NAUSEA).

Decision rationale: The request for ondansetron ODT 8 mg #60 is non-certified. The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use for nausea and vomiting secondary to chemotherapy and radiation treatment and are also FDA approved for postoperative use. Ondansetron acute use is also FDA approved for gastroenteritis. Nausea and vomiting is common with the use of opioids. These side effects tenderness to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short term duration (less than 4 weeks) and have limited applications to long term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. There is no high quality literature to support any 1 treatment for opioid induced nausea and chronic nonmalignant pain patients. In the clinical information provided for review, it was noted that ondansetron was prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. The guidelines do not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Also, the clinical notes lack documentation of the injured worker having complaints of nausea or vomiting secondary to opioid use. The request as submitted failed to provide the frequency of the medication.Therefore, the request for ondansetron ODT 8 mg #60 is non-certified.

OMEPRAZOLE DELAYED-RELEASE 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Inflammatory.

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

Decision rationale: The request for omeprazole delayed release 20 mg #120 is not medically necessary. The California MTUS guidelines state it should be determined if the injured worker is at risk for gastrointestinal events, if the age is greater than 65 years, has a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulant or high dose/multiple NSAID (e.g. NSAID plus low dose ASA). In the clinical notes provided for review, it was noted that the injured worker had complained of stomach upset and epigastric pain with the use of naproxen previously. However, there was a lack of documentation of the injured worker with complaints of gastrointestinal issues within the provided documentation. The

request as submitted failed to provide the frequency of the medication. Therefore, the request for omeprazole delayed release 20 mg #120 is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 80, 91, 93-94.

Decision rationale: The request for Tramadol hydrochloride ER 150 mg #90 is not medically necessary. In the California MTUS Guidelines, it states that opioids have been suggested for pain that has not responded to first line recommendations (antidepressants, anticonvulsants). There are no trials of long term use. Tramadol is indicated for moderate to severe pain. The dosage for Tramadol ER for injured workers currently not on immediate release Tramadol should be started at a dose of 100 mg once a day. The dose should be titrated upwards by 100 mg increments if needed (max dose 300 mg per day). In the clinical notes provided for review, there was a lack of documentation of the injured worker noting a pain level status. It was also noted in the documentation that the injured worker had previously benefited from a short course of Tramadol in the past; however, measurable efficacy and side effects were not documented. Furthermore, the guidelines state that the injured worker should be started at a dose of 100 mg once a day and then titrated upwards by 100mg increments if needed. The request for Tramadol hydrochloride ER 150 mg exceeds the recommended dosage. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Tramadol hydrochloride ER 150 mg #90 is not medically necessary.