

Case Number:	CM14-0015600		
Date Assigned:	02/28/2014	Date of Injury:	05/08/2012
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 56-year-old male who reported an injury on May 08, 2012. The mechanism of injury was continuous trauma. Medication history included cyclobenzaprine HCL, naproxen sodium, omeprazole delayed release capsules, Ondansetron, tramadol HCL ER and quazepam, as well as Medrox patch as of September 2013. The documentation from January 06, 2014 revealed that the injured worker noted relief of symptoms with the use of medications allowing for continued work and non-work physical activities to be maintained. The injured worker took cyclobenzaprine for palpable muscle spasms, was provided a brief course of the medication in the past, and noted significant improvement in the spasms. The treatment plan regarding Sumatriptan was for migrainous type headaches associated with chronic cervical pain. It was opined by the physician that the headaches were present at all times of increased pain in the cervical spine and associated with nausea which was noted to be a clear presentation of migrainous symptoms. The injured worker had utilized the medication with great benefit in the past to alleviate migrainous headaches. The Ondansetron ODT was being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. The request for omeprazole was made due to the injured worker taking pain and anti-inflammatory medication to protect the stomach and to prevent GI complications. The injured worker indicated he had stomach and epigastric pain with the use of naproxen previously. The quazepam was to be taken at bedtime for the short-term relief of sleep disturbances such as insomnia. Tramadol was for acute severe pain. The injured worker was to utilize one a day. The physician documented the injured worker had benefitted from a short course of the medication in the past. The diagnosis included cervical/lumbar discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550 MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 3 months. There was a lack of documentation of the above criteria. It was indicated the injured worker had a relief of symptoms and the medication allowed the injured worker to have continued work and nonphysical activities. However, there was a lack of documentation of objective decrease in pain. Given the above, the request is not medically necessary.

CYDOBENZAPRINE HYDROCHLORIDE TABLETS 7.5 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than three months. There was a lack of documentation of exceptional factors to warrant usage beyond three weeks. Given the above, the request is not medically necessary.

SUMATRIPTAN SUCCINATE TABLETS 25 MG 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary, Triptans.

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

Decision rationale: The Official Disability Guidelines recommend triptans for the treatment of migraine headaches. The clinical documentation submitted for review indicated the injured worker had previously utilized triptans and they had been of great benefit. However, there was a lack of documentation indicating objective functional benefit and an objective decrease in the number of migraine headaches the injured worker had previously. The duration of use could not be established. Given the above, the request is not medically necessary.

ONDANSETRON ODT TABLETS 8MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, antiemetics.

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

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for the treatment of nausea and vomiting secondary to medication use. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the efficacy for the requested medication. There was a lack of documentation indicating objective functional benefit that was received. Given the above, the request is not medically necessary.

OMERPRAZOLE DELAYED-RELEASE CAPSULES 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,.

Decision rationale: The California MTUS Guidelines recommend proton-pump inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. There should be documentation of the benefit that was received. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for stomach upset and epigastric pain for more than three months. However, there was a lack of documentation indicating the efficacy for the request medication. Given the above, the request is not medically necessary.

QUAZEPAM 15 MG CIV #30: 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 California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 3 months. There was a lack of documentation of objective functional benefit. Given the above, the request is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 160 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than three months. There was a lack of documentation of efficacy for the requested medication. There was a lack of documentation of the above criteria. Given the above, the request is not medically necessary.