

Case Number:	CM14-0113337		
Date Assigned:	08/01/2014	Date of Injury:	07/22/2008
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 46 year old who was injured on 7/22/2008. The diagnoses are neck pain, headache, low back pain and muscle spasm. The past surgery history was significant for L4-L5 fusion and hardware removal surgeries. The patient completed PT treatments. On 2/25/2014, [REDACTED] noted subjective complaints of neck pain, headache and muscle spasm. There were objective findings of tender muscle spasm, positive Spurling sign and decreased range of motion of the cervical spine. The medications are diclofenac and tramadol for pain, orphenadrine for muscle spasm, omeprazole for the prevention and treatment of NSAIDs associated gastritis and ondansetron for nausea and vomiting. A Utilization Review determination was rendered on 7/14/2014 recommending non certification for diclofenac Na ER 100mg #120, Tramadol ER 150mg #90, omeprazole 20mg #120, ondansetron 8mg #30 and orphenadrine citrate #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg Quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The CA MTUS recommends that NSAIDs can be utilized for short term treatment of acute exacerbations of chronic musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing diclofenac as needed during exacerbations of chronic musculoskeletal pain. The criteria for the use of diclofenac Na ER 100mg #120 was met.

Tramadol ER 150mg Quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT. Opioids Page(s): 111,113,119.

Decision rationale: The CA MTUS recommend that opioids could be utilized for exacerbations of chronic musculoskeletal pain that did not respond to NSAIDs and PT. Opioids could also be utilized for maintenance treatment when the patient have exhausted all conservative treatment and surgical options. The records indicate that the patient have completed PT, two back surgeries and non opioid medications treatments. Tramadol is associated with less addicting and sedative effects than pure opioid agonists. The criteria for the use of Tramadol ER 150mg #90 was met.

Orphenadrine Citrate Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and physical therapy Page(s): 63-66.

Decision rationale: The CA MTUS recommend that the use of muscle relaxants be limited to short term use during periods of exacerbations of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The chronic use of muscle relaxants is associated with increased risk of addiction, dependency, sedation and adverse interactions with other sedatives. The records indicate that the patient have been utilizing orphenadrine longer than the recommended maximum period of weeks. The criteria for the use of orphenadrine #120 was not met.

Omeprazole 20mg Quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms w/ cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: The CA MTUS recommends that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in high risk patients who are on chronic opioid treatment. The records indicate that the patient is on long term chronic NSAIDs treatment for chronic musculoskeletal pain. The criteria for the use of omeprazole 20mg #120 was met.

Ondansetron 8mg Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 66.

Decision rationale: The CA MTUS and the ODG recommend that anti-emetics should not be utilized for routine treatment of nausea and vomiting associated with chronic opioid treatment. Opioids induced nausea and vomiting is self limiting and can be resolved by reduction of opioid dosage or opioid rotation. Ondansetron is indicated for the treatment of peri-operative and chemotherapy induced nausea and vomiting. The records did not show that the patient has intractable nausea and vomiting from Tramadol treatment. The criteria for the use of tramadol was not met.