

Case Number:	CM14-0113491		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2010
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 54-year-old male who reported an injury of unknown mechanism on 05/30/2010. On 02/14/2014, his diagnoses included status post L4 to S1 posterior lumbar interbody fusion, status post lumbar exploration/incision and drainage, internal derangement of the left knee status post-surgery, and status post right knee arthroscopy. Many of the clinical notes in this chart are handwritten and very difficult to read. On 03/04/2014, Flexeril of an unknown dose was ordered along with Norco 10/325 mg. On 01/13/2014, cyclobenzaprine 7.5 mg was ordered along with omeprazole 20 mg and Norco 10/325 mg plus a Terocin patch. The rationale for the omeprazole stated that it was being prescribed for GI symptoms. There was no other rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Na ER (Voltaren SR 100 mg) #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The Guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Diclofenac is indicated for the treatment of osteoarthritis and ankylosing spondylitis. This injured worker had neither of these 2 diagnoses. Additionally, the request did not specify frequency of administration. Therefore, the request for Diclofenac Na ER (Voltaren SR 100 mg) #120 is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS - GI Symptoms and Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risk for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, the request for Omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8 mg #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 (ODG) Pain - Antiemetics (For Opioid Use)

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: Per the Official Disability Guidelines, ondansetron is a serotonin 5 HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation therapy. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. As with other anti-emetics, routine prophylaxis is not recommended for injured workers in whom there is little expectation that the nausea and/or vomiting will occur postoperatively. There was no documentation that this worker was being treated with cancer chemotherapy, full body or single dose irradiation, or that he was a candidate for surgery with a high expectation of postoperative nausea and vomiting. In addition, the

request did not specify frequency of administration. Therefore, the request for Ondansetron 8 mg #30 is not medically necessary.

Orphenadrine Citrate #120: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. In most pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Orphenadrine is similar to diphenhydramine but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Orphenadrine is indicated as an adjunct to rest, physical therapy, and other measures for relief of discomfort associated with acute painful musculoskeletal conditions. The anticholinergic side effects include drowsiness, urinary retention, and dry mouth. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. This request did not include dosage or frequency of administration. Therefore, the request for Orphenadrine Citrate #120 is not medically necessary.