

Case Number:	CM14-0118835		
Date Assigned:	08/06/2014	Date of Injury:	08/08/2008
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Medicine 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:

This is a 60-year-old male patient who reported an industrial injury on 8/8/2008, over six (6) years ago, attributed to the performance of his usual and customary job tasks. The patient complained of pain to the neck, chronic headaches, tension between the shoulder blades and migraine headaches. It was reported that a recommendation for surgical intervention had been made, however, was not authorized. The patient was reported to have junctional level pathology second to the prior surgical intervention. The symptoms related to the lower back had not changed. The objective findings on examination included cervical spine is unchanged; tenderness at the cervical paravertebral muscles and upper trapezial muscles and spasm; axial loading compression test and Spurling's maneuvers are positive; painful and diminished range of motion to the cervical spine; decision is that the C-5 dermatome; lumbar spine examination is unchanged; tenderness from the mid to distal lumbar segments; pain with terminal motion; nerve root test is positive; dysesthesia at the L5 and S1 dermatomes. Flexion and extension x-rays of the cervical spine documented plate and screw fixation at levels C5 to C7 anteriorly and posteriorly, posterior lateral screws and rods are noted at the same levels; junctional level pathology at the level of C4-C5. Flexion and extension x-rays of the lumbar spine documented evidence of L4-L5 spondylosis. The diagnosis was status post anterior cervical spine discectomy and fusion from C5 to C7 with retained symptomatic hardware; C4-C5 junctional level pathology; lumbar discopathy with radiculitis. The treatment plan included the repeated request for surgical intervention to the cervical spine; diclofenac 100 mg #120; orphenadrine ER #120; sumatriptan 25 mg #92; ondansetron 8 mg #30; omeprazole 20 mg #120; and tramadol ER 150 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #120: 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) Non Selective NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain and NSAIDs

Decision rationale: The use of Diclofenac ER 100 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Diclofenac is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Diclofenac should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Diclofenac ER 100 mg #120 is not demonstrated to be medically necessary. There is no documented functional improvement with the use of the prescribed Diclofenac ER 100 mg six (6) years after the DOI.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Naproxen. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking NSAIDs - Diclofenac. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it

is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #120. There is no documented functional improvement with the prescribed omeprazole.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General disciplinary guidelines for the practice of medicine

Decision rationale: The treating provider provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of Ondansetron for episodes of nausea and vomiting allegedly due to the side effects of medications is not supported with objective evidence. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects prescribed for the course of treatment. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications or from SCS use. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for the prescribed ondansetron 8 mg #30. Zofran: (Ondansetron) is a serotonin 5-HT₃ receptor antagonist used mainly as an antiemetic to treat nausea and vomiting, often following chemotherapy. Its effects are thought to be on both peripheral and central nerves. Ondansetron reduces the activity of the vagus nerve, which deactivates the vomiting center in the medulla oblongata, and also blocks serotonin receptors in the chemoreceptor trigger zone. It has little effect on vomiting caused by motion sickness, and does not have any effect on dopamine receptors or muscarinic receptors.

Orphenadrine Citrate 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic pain chapter 2008 page 128; muscle relaxant Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Norflex (Orphenadrine ER) 100 mg #120 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic low back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back. The prescription for orphenadrine ER is not demonstrated to be medically necessary for the effects of the industrial injury six (6) years ago. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Norflex/Orphenadrine ER 100 mg #120.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids

Decision rationale: The prescription for Tramadol 150 mg #90 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic mechanical back and neck pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for mechanical low back and neck pain. The chronic use of Tramadol is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic mechanical back and neck

pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol 150 mg #90 as prescribed to the patient is demonstrated to be not medically necessary.

Sumatriptan Succinate 25mg #9 with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General disciplinary guidelines for the practice of medicine

Decision rationale: The patient was prescribed Imitrex (Sumatriptan Succinate) 25 mg #9 x 2 refills for migraine headaches that were not demonstrated to be effects of the industrial injury. There is no rationale supported with objective evidence by the requesting physician to support medical necessity for the effects of industrial injury. There was no provided nexus for the diagnosed headaches to the cited mechanism of injury. The use of Imitrex (Sumatriptan Succinate) is for migraine headaches that are vascular headaches. The treatment of migraine headaches with Imitrex (Sumatriptan Succinate) was not supported with objective evidence and not demonstrated to be medically necessary for the treatment of the industrial injury. Migraine headaches are believed to result from dilatation of blood vessels in the brain. Sumatriptan relieves migraines by stimulating serotonin receptors in the brain which cause the muscles surrounding the blood vessels in the brain to contract and narrow the blood vessels. At the same time, it also reduces transmission of pain signals by nerves to the brain. While it is very effective in relieving migraine headaches, it does not prevent or reduce the number of headaches. The treating physician has prescribed Sumatriptan for Migraine Headaches. There is no evidence that headaches due to the reported cervical spine/neck pathology are vascular headaches, migraine headaches or migraine-like headaches. Migraine headaches are not accepted as part of this industrial injury. The patient; however, does not provide a nexus supported with any objective findings to the cited mechanism of injury or the excepted back and lower extremity. There are no objective findings consistent with migraine headaches. The requesting physician has provided no rationale for the prescription of Imitrex (Sumatriptan Succinate) or provided a nexus to the cited mechanism of injury. There is no evidence that migraine headaches are part of the industrial injury. There is no provided rationale to support medical necessity for the prescribed Sumatriptan for the effects of the industrial injury. There is no demonstrated medical necessity for the use of Imitrex for the effects of the industrial injury and there is no rationale supported with objective evidence by the treating physician to demonstrate medical necessity. There is no demonstrated functional improvement and no establish reduction in pain levels. The request for Sumatriptan 25 mg #9 x 2 refills is not medically necessary.