MAXIMUS Federal Services

Case Number:	CM14-0119696		
Date Assigned:	08/06/2014	Date of Injury:	10/08/2012
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 years old male with an injury date on 10/08/2012. Based on the 06/23/2014 progress report provided by Dr. [redacted], the diagnoses are: 1. Lumbar disc degeneration. 2. Chronic pain other. 3. Lumbar facet arthropathy. 4. Lumbar radiculitis.According to this report, the patient complains of constant low back pain that radiates to the lower extremity. Pain is described as aching, sharp and moderate to severe in severity. Bending, prolong sitting, standing and twisting would aggravate the pain. "Pain is improved with bed rest, taking medications and stretching." Pain is rated as a 5/10 with medications and an 8/10 without medications. The patient denies of having gastrointestinal conditions. Physical exam reveals tenderness at the bilateral L3-5 paravertebral area. Lumbar range of motion is moderately limited with pain. Positive facet sign bilaterally was noted. There were no other significant findings noted on this report. The utilization review denied the request on 07/15/2014. Dr. [redacted] is the requesting provider, and he provided treatment reports from 09/24/2013 to 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium Extended Release (Voltaren SR) 20mg 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 NSAID's Medications for chronic pain , NSAID's Medications for chronic pain , NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67, 68.

Decision rationale: According to the 06/23/2014 report by Dr. [redacted] this patient presents with constant low back pain that radiates to the lower extremity. The treater is requesting Diclofenac Sodium Extended release (Voltaren SR) 20 mg. QTY: 120. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show no mentions of Diclofenac. Patient states "Pain is improved with bedrest, taking medications." The request to start Diclofenac appears reasonable and consistent with MTUS guidelines. Recommendation is for authorization.

Omeprazole 20mg #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, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 06/23/2014 report by Dr. [redacted] this patient presents with constant low back pain that radiates to the lower extremity. The treater is requesting Omeprazole 20 mg #120. The MTUS Guidelines state omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Recommendation is for denial.

Ondansetron Disenegrating tablet 8mg #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 -pain procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Zofran (Ondansetron):Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea).On Antiemetics for opioid nausea:Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend 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 four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be

evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005)Promethazine (Phenergan®): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dsykensia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus).Ondansetron (Zofran®): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain.

Decision rationale: According to the 06/23/2014 report by Dr. [redacted] this patient presents with constant low back pain that radiates to the lower extremity. The treater is requesting Ondansetron Disenegrating tablet 8mg #30. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend 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 four weeks)." Review of records show the patient has been prescribed Ondansetron since 04/24/2014 and there are indications of recent surgery. Ondansetron is only recommended for post-op nausea per ODG. Recommendation is for denial.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - pain procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 06/23/2014 report by Dr. [redacted] this patient presents with constant low back pain that radiates to the lower extremity. The treater is requesting Cyclobenzaprine 7.5 mg #1200. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms.

However, the treater is requesting Cyclobenzaprine #120 and this medication was first noted in the 04/24/2014 report. Cyclobenzaprineis not recommended for long term use. Therefore, recommendation is for denial.