

Case Number:	CM14-0119757		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2013
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Pain Medicine and is licensed to practice in California and Washington. 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 48-year-old female who reported an injury 03/09/2013. The mechanism of injury was not provided within the medical records. Clinical note dated 07/15/2014, indicated a diagnosis of lumbago. The injured worker reported constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks, characterized as sharp with radiation of pain into the lower extremities. The injured worker rated the pain 7/10. On physical examination, there was tenderness to the paravertebral muscles with spasms. The injured worker's seated nerve root test was positive. Range of motion with standing flexion and extension was guarded and restricted. The injured worker's treatment plan included medication refills. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included tramadol, orphenadrine, Ondansetron, omeprazole. The provider submitted a request for tramadol, orphenadrine, Ondansetron and omeprazole. A Request for Authorization dated 06/23/2014 was submitted; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg #120 is non-certified. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding, perforations or peptic ulcers. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request does not indicate a frequency. Therefore, the request for Omeprazole is not medically necessary.

Ondansetron 8 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, 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, Ondansetron (Zofran).

Decision rationale: The request for Ondansetron 8 mg #60 is non-certified. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for nausea and vomiting. In addition, Zofran is not recommended secondary to chronic opioids. Moreover, the guidelines indicate nausea and vomiting is common with the use of opioids and the side effects tend to diminish over days to weeks of continued exposure. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is non-certified.

Orphenadrine Citrate 100 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 65.

Decision rationale: The request for Orphenadrine Citrate 100 mg #120 is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for acute exacerbations of the lumbar spine. In

addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Orphenadrine Citrate is not medically necessary.

Tramadol ER 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol ER 150 mg #90 is non-certified. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for Tramadol ER is not medically necessary.