

Case Number:	CM14-0122267		
Date Assigned:	08/08/2014	Date of Injury:	08/09/2010
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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 is licensed to practice in Nevada. 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 34 year-old female who was reportedly injured on August 9, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 8, 2014 indicates that there are ongoing complaints of low back pain. Some improvement is noted with the current treatment protocol. The physical examination demonstrated tenderness to palpation of the lumbar spine musculature. The previous progress note dated July 2, 2014 indicating constant cervical spine pain aggravated by repetitive motion. There is constant low back pain noted as well. The physical examination noted a 5'4", 143 pound individual in no acute distress. There is tenderness to palpation in the cervical spine, lumbar spine, and decreased range of motion of each body part examined. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications and acupuncture. A request was made for multiple medications and was not certified in the pre-authorization process on July 18, 2014.

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, GI symptoms & cardiovascular risk.

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

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered a gastric protectant for those individuals utilizing non-steroidal medications. There is no documented gastrointestinal disease, there are no documented complaints of gastrointestinal distress, and when noting the date of injury and the physical examination reported there is no indication that this medication is needed for either gastroesophageal reflux disease or as a protectorate. Therefore, based on the date of injury, the current physical examinations are identified and the parameters noted in the California Medical Treatment Utilization Schedule this is not medically necessary.

Ondansetron 8 mg ODT, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/zofran.html>, indications for the usage of Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated August, 2014.

Decision rationale: This medication is approved for nausea and vomiting similar to chemotherapy, radiation treatment and postoperatively. None of these maladies is present in this clinical situation. Furthermore, there are no complaints of nausea or vomiting as such, the need for this medication is not been established. Accordingly, this is not medically necessary.

Orphenadrine Citrate, #120: Upheld

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

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

Decision rationale: This medication is a derivative of Diphenhydramine and is an antihistamine type product. The clinical indication is to treat muscle spasms and Parkinson's disease. The physical examination noted some tenderness to palpation but there is no objectification of muscle spasm. Furthermore, when noting the date of injury, the mechanism of injury and the complaints offered tempered by the physical examination reported there does not appear to be any efficacy or utility with the long-term use of this medication. As such, based on the parameters noted in the California Medical Treatment Utilization Schedule combined with the current clinical situation there is no medical necessity for the ongoing use of medication. Therefore, this request is not medically necessary.

Tramadol ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for the use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: This medication is a synthetic opioid analgesic and not a first-line medication. California Medical Treatment Utilization Schedule treatment guidelines support the use of tramadol (Ultram) for short-term use after there is evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the lack of any clinical presentation and lack of documentation of functional improvement with tramadol, the efficacy of this preparation has not been established and accordingly the request is not considered medically necessary.

Menthoderm gel, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Menthoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. California Medical Treatment Utilization Schedule treatment guidelines support methyl salicylate over placebo in chronic pain; however there is no evidence-based recommendation or support for Menthol. California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Menthoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. Furthermore, there is no documentation or objective data to suggest this preparation has any efficacy or utility whatsoever. As such, this request is not considered medically necessary.

Diclofenac sodium 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 Page(s): 111.

Decision rationale: This medication is a non-steroidal anti-inflammatory and is not recommended for first-line use secondary to the increased risk profile. Additionally, noting the ongoing level of pain complaints offered by the injured employee, tempered by the findings of the physical examination there is no indication this medication has any appropriate response or efficacy. Therefore, when combining the parameters noted in the California Medical Treatment

Utilization Schedule with the physical examination findings and other clinical data reported there is no clear clinical indication for the medical necessity for continued uses medication. Therefore, this request is not medically necessary.