

Case Number:	CM14-0123308		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2012
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 records, presented for review, indicate that this 38 year old female was injured on October 30, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated August 1, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'6", 130 pound female who is normotensive (101/68) and in no acute distress, tenderness to palpation of the lower lumbar spine with muscle spasm noted, decreased lumbar spine range of motion, and no specific neurological findings identified, some tingling in the distal lower extremity. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, conservative care, epidural steroid injections, and other pain management techniques. A request was made for multiple medications and was not certified in the preauthorization process on July 7, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: This medication is a nonselective nonsteroidal antiinflammatory drug (NSAID) not recommended for first line use due to its increased risk profile. Evidence based studies are available evidencing that Diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a COX-2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first line NSAID medication. Additionally, the efficacy of this medication is described as the pain level continues to be noted as 8/10. As such, when noting the side effect profile, the lack of objectification of efficacy, there is no clear clinical reason presented to continue this medication. This request is not medically necessary.

Omeprazole DR 20mg #120: Upheld

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

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

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is a treatment for gastroesophageal reflux disease or considered a gastric protectant for individuals utilizing nonsteroidal medications. However, when noting the date of injury, the ongoing complaints of low back pain, there is no indication that there are any gastric distress symptoms. Furthermore, it is noted that nonsteroidal medications are no longer indicated to be medically recommended. As such, the determination of the need for this medication is not medically necessary.

Ondansetron QDT 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 / Antiemetic(for opioid nausea).

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 July 2014.

Decision rationale: The parameters noted in the Official Disability Guidelines (ODG) are applied. This medication is approved for nausea and vomiting secondary to chemotherapy, radiation therapy, postoperatively led for acute gastroenteritis. None of these maladies are noted to exist in the progress notes presented. Furthermore, there are no complaints relative to nausea and vomiting. As such, there is no clinical indication presented for this medication. This request is not medically necessary.

Orphenadrine Citrate ER 100mg #120: Upheld

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

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

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this is a derivative of diphenhydramine and belongs to a family of antihistamines. The clinical indication is used to treat painful muscle spasms and Parkinson's disease. It is noted that there are ongoing complaints of low back pain and the physical examination notes muscle spasm. However, the progress notes identified the same findings, thereby indicating that this medication has no efficacy whatsoever in terms of addressing this issue. With the lack of any efficacy or utility noted, the medical necessity is not present.

Tramadol Hydrochloride ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of tramadol (Ultram) for short term treatment of moderate to severe pain after there has been evidence of failure of a first line option and documentation of improvement in pain and function with the medication. Given the claimant's date of injury, the clinical presentation and current diagnosis, and that the previous progress note has indicated a return to work full duty, there appears to be some efficacy with this medication as the pain level was noted to be 8/10 and this individual has returned to his occupation. Therefore, this is medically necessary.