MAXIMUS Federal Services

Case Number:	CM14-0125632		
Date Assigned:	08/11/2014	Date of Injury:	12/24/2007
Decision Date:	12/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery 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 63-year old male patient with a date of injury on 2/24/2007. In a progress noted dated 6/3/2014, the patient continued to have symptomatology in his lumbar spine with extension into the lower extremities. He has also had chronic bilateral shoulder symptoms. There was frequent pain in the cervical spine that was aggravated by repetitive motions of the neck. Pushing, pulling, lifting, forward reaching, and working at or above the shoulder level further aggravated the pain. The pain was characterized as throbbing, and it radiated into the upper extremities. The patient's pain was unchanged from the last evaluation, and from a pain scale of 1 to 10, the pain was a 6. Objective findings: palpable paravertebral muscle tenderness with spasm in the cervical spine, tenderness around the anterior glenohumoral region and subacromial space of the bilateral shoulder, and palpable tenderness right across the iliac crest into the distal lumbosacral spine. The patient is a diabetic. The diagnostic impression shows status post C4-C7 ACDF with C3-C4 junctional level pathology and lumbar discopathy with radiculitis. Treatment to date: medication management, behavioral modification, cortisol injections. A UR decision dated 7/23/2014 denied the requests for Diclofenac Sodium 100mg #120, Omeprazole 20mg #120, ondansetron citrate 8mg #30, tramadol ER 150mg #90, and orphenadrine citrate ER 100mg #120. Regarding these requests, Diclofenac 100mg #120 was modified to #60, tramadol ER 150mg #90 was modified to #30, and orphenadrine citrate ER 100mg #120 was modified to #60. The rationales for the denials and modifications could not be located in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Voltaren

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, Official Disability Guidelines (ODG) states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. However, in the 6/3/2014 progress report, there was no documentation of functional improvement noted from the analgesic regimen. Furthermore, it was unclear how long this patient has been on diclofenac, and there was no rationale provided regarding why this patient could not tolerate a first line NSAID such as ibuprofen or naproxen. Lastly, the patient reported that the pain was unchanged since the last visit. Therefore, the request for diclofenac 100mg #120 was not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAID) therapy. Omeprazole is a proton pump inhibitor, proton pump inhibitors (PPI), used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this particular case, since the UR decision dated 7/23/2014 modified diclofenac 100mg #120 to #60, omeprazole 20mg #120 would not be necessary for gastrointestinal prophylaxis. Furthermore, in the 6/3/2014 progress report, there was no evidence of gastrointestinal complaints. Therefore, the request for omeprazole 20mg #120 was not medically necessary.

Ondansetron Citrate 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: ondansetron

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, in the 6/3/2014 progress report, there was no indication that this patient had been authorized for future surgery. Furthermore, there was no evidence that this patient experienced nausea and vomiting. It was unclear what the request of Ondansetron was for. Therefore, the request for ondansetron citrate 8mg #30 was not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per California MTUS must be followed. However, in the 6/3/2014 progress report, there was no evidence of functional improvement noted from the opioid regimen. The patient noted that the pain had been unchanged since the last visit. Furthermore, there were no urine drug screens, CURES monitoring, or opioid pain contract provided for review. Therefore, the request for Tramadol ER 150mg #90 was not medically necessary.

Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:orphenadrine

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The FDA state that Orphenadrine is a muscle relaxant that works by blocking nerve impulses or pain sensations to the brain. However, in the 6/3/2014 progress report, there was no documentation of an acute exacerbation of pain that would justify its use. Furthermore, it was unclear from the documentation provided how long this patient has been on Orphenadrine, and guidelines do not support long term use. Therefore, the request for Orphenadrine citrate ER 100mg #120 was not medically necessary.