

Case Number:	CM14-0126790		
Date Assigned:	08/13/2014	Date of Injury:	10/18/2012
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on October 18, 2012. According to the primary treating physician's progress note on July 1, 2014 she was having constant pain in her low back with radiation into the lower extremities. Her pain was reported as worsening and was rated as 8 on a 1 to 10 scale. Physical examination revealed palpable lumbar spine paravertebral muscle tenderness with spasm. Standing flexion and extension were guarded and restricted. The diagnoses included lumbar disc disorder and lumbosacral neuritis. On March 4, 2014 recommended medications included naproxen, omeprazole, ondansetron, cyclobenzaprine, tramadol and terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 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): 68.

Decision rationale: Proton pump inhibitors such as, omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of

peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records that were available did not indicate that this worker was at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.

Ondansetron ODT 8mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Anti-emetics (for opioid use).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The MTUS does not specifically mention ondansetron but it does reference a similar medication, Nabilone which is recommended for the treatment of chemotherapy induced nausea. Several of the medications prescribed to this worker may have a side effect of nausea, but the record does not indicate that this worker was experiencing this side effect. Even if so, ondansetron would not be indicated since it is recommended for the treatment of chemotherapy induced nausea and there is no indication for it for other medication induced nausea.

Cyclobenzaprin hydrochloride tablets 7.5mg QTY: 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): 41, 64.

Decision rationale: Cyclobenzaprine, is a skeletal muscle relaxant that is recommended as an option in the treatment of pain for a short course. It is not recommended to be used longer than 2 to 3 weeks. It can be useful for an acute exacerbation of chronic low back pain. The quantity requested exceeds what would be necessary and is therefore not medically necessary.

Tramadol ER 150mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

Decision rationale: According to the guidelines, determination for the use of opioids including tramadol should not focus solely on pain severity, but should include the evaluation of a wide range of outcomes including; measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the

efficacy of opioids, and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of; pain at each visit, and functional improvement compared to baseline using a numerical, or validated instrument every 6 months. Review of the medical record did not reveal adequate documentation to support the ongoing use of opioids. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for tramadol.

Methoderm gel QTY: 120: Overturned

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

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

Decision rationale: Methoderm contains methyl salicylate and menthol. Methyl salicylate is recommended and has been found to be significantly better than placebo in chronic pain. This is listed under salicylate topicals in the MTUS. Bengay is given as an example and it contains methyl salicylate and menthol. The section on topical analgesics does not specifically address this medication as does the section on salicylate topicals, therefore this decision is based on the MTUS guidelines specifically addressing salicylate topicals.