

Case Number:	CM14-0127968		
Date Assigned:	08/15/2014	Date of Injury:	04/17/2000
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine 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 61year old patient had a date of injury on 4/17/2000. There were no progress reports located in the reports viewed, and therefore no subjective/objective findings or diagnostic impressions noted. Treatment to date: medication therapy, behavioral modification A UR decision dated 7/29/2014 denied the request for flexeril 7.5mg #120, stating guidelines do not support long term use, although the patient has muscle spasm. Zofran ODT 8mg #30 was denied, stating no documentation this patient is status post general anesthesia and undergoing radiation/chemotherapy. Prilosec 20mg #120 was denied, stating no documentation of gastritis or GI problems. Tramadol ER 150 #90 was denied, stating that this medication is warranted and modified to #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, there were no progress notes found in the reports viewed, and a determination cannot be made without clinical findings. Therefore, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is not medically necessary.

Ondansetron ODT tablets 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 Pain Antiemetics (for opioid nausea)

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: MTUS and ODG do not apply. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, there were no progress notes found in the reports viewed, and a determination cannot be made without clinical findings. Therefore, the request for Ondansetron ODT 8mg #30 is not medically necessary.

Omeprazole Delayed-Release capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: CA 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 NSAID therapy. Omeprazole is a proton pump inhibitor, 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 case, there were no progress notes found in the reports viewed, and a determination cannot be made without clinical findings. Therefore, the request for Omeprazole 20mg delayed release capsules #120 is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

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

Decision rationale: CA 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 MTUS must be followed. In this case, there were no progress notes found in the reports viewed, and a determination cannot be made without clinical findings. Therefore, the request for Tramadol ER 150 #90 is not medically necessary.