

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0128676 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 11/08/2011 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

The injured worker is a 58 year old male injured on 11/08/11 as a result of participating in foot pursuits, altercations with suspects, and wearing a gun belt and vest while sitting for prolonged periods of time at a desk or in a patrol vehicle resulting in lower back and left knee pain. Current diagnoses include lumbago, plantar fasciitis and internal derangement of the knee. Clinical note dated 06/18/14 indicates the injured worker presented complaining of constant pain in the low back described as sharp with radiation of pain into the lower extremities. The injured worker rated pain at 7/10. The injured worker also complained of constant pain in bilateral knees aggravated by squatting, kneeling and ascending and descending stairs. The injured worker described the pain as throbbing and rated at 6/10. Physical examination of the knee revealed tenderness in the joint line, positive patellar grind test, positive McMurray, crepitus with painful range of motion, and no evidence of instability; examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm, seated nerve root test positive, decreased range of motion, coordination and balance intact, and sensation and strength normal. The documentation indicated refills to be ordered under separate cover letter which was not provided for review. Request for authorization for referral to sleep specialist for continuous positive airway pressure (CPAP) was noted. A medication list was not submitted for review. The initial request was denied on 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOFLENAC SODIUM ER (VOLTAREN SR) 100MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long term therapy with Diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. With the lack of data to support superiority of Diclofenac over other non-steroidal anti-inflammatories (NSAIDs) and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. There was no discussion in the documentation regarding specific medication evaluation, medication efficacy, or ongoing medical necessary. As such, the request for Voltaren sustained release (Diclofenac sodium extended release) 100 milligrams #120 is not medically necessary.

OMEPRAZOLEDELAYED-RELEASE CAPSULES 20MG, #120: Upheld

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

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, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal (GI) events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. There was no discussion in the documentation regarding specific medication evaluation, medication efficacy, or ongoing medical necessary. As such, the request is not medically necessary.

ORPHENADRINE CITRATE ER 100MG QTY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was no discussion in the documentation regarding specific medication evaluation, medication efficacy, or ongoing medical necessary. As such, the request for Orphenadrine citrate extended release (ER) 100 milligrams #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, ANTIEMETICS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for postoperative prophylaxis, there is no indication that the injured worker has previously suffered from severe postoperative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron oral dissolving tablet 8 milligrams #30 is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be

provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There was no discussion in the documentation regarding specific medication evaluation, medication efficacy, or ongoing medical necessary. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, therefore the request for Tramadol Hydrochloride extended release (ER) 150 milligrams #90 is not medically necessary.

CYCLOBENZOPRINE HYDROCHLORIDE TABLETS 7.5MG, #120: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the request for Cyclobenzaprine Hydrochloride tablets 7.5 milligrams #120 is not medically necessary.