

Case Number:	CM14-0128955		
Date Assigned:	08/15/2014	Date of Injury:	02/03/2010
Decision Date:	10/01/2014	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 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 is a 62-year-old male with a 2/3/10 date of injury. The mechanism of injury was not noted. The UR decision dated 7/29/14 referenced a progress report dated 7/1/14, however, that report was not provided for review. According to the 7/1/14 report, the patient complained of frequent low back pain that radiated into the lower extremities. The pain was worsening and was rated 4/10. The provider recommended Diclofenac for inflammation and pain, Cyclobenzaprine as a muscle relaxant and sleep aid, Ondansetron for nausea associated with headaches that are present with chronic pain, Omeprazole for GI symptoms and to protect the stomach with NSAID use, Tramadol for acute severe pain, and Menthoderm gel for temporary relief of minor aches and muscle spasms. Examination of the lumbar spine revealed muscle tenderness with spasm, positive seated nerve root test, and guarded and restricted standing flexion and extension. Diagnostic impression: lumbar radiculopathy, status post lumbar spine fusion, lumbar spinal stenosis, insomnia, coronary artery disease. Treatment to date: medication management, activity modification. A UR decision dated 7/29/14 denied the requests for Diclofenac, Cyclobenzaprine, Ondansetron, Omeprazole, Tramadol, and Menthoderm. Regarding Diclofenac, there is no documentation of trialed and failed first-line drugs or documentation that this medication is superior to a different drug in this class. While there is documentation of prior use of Naproxen, it is not noted that this medication has failed. Regarding Cyclobenzaprine, there is no documentation of objective functional benefit with medication use and guidelines do not recommend long-term use of this medication. Regarding Ondansetron, there is no evidence of nausea and/or vomiting. Regarding Omeprazole, with lacking evidence of gastrointestinal complaints, as well as that NSAID use has not been approved on this review, the medical necessity is not established. Regarding Tramadol, there is no documentation of objective functional benefit with medication use. There have been prior warnings recommending weaning.

Regarding Mentherm, there is no documentation of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

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

Decision rationale: CA MTUS states that 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, 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. There is no documentation that the patient has had a trial and failed a first-line NSAID. A specific rationale identifying why the patient requires this medication as opposed to other NSAIDs was not provided. Therefore, the request for Diclofenac Sodium ER (Voltaren SR) 100mg #120 was not medically necessary.

Cyclobenzaprine HCL 7.5mg #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 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. It is unclear how long the patient has been taking cyclobenzaprine. Long-term use of muscle relaxants is not supported by guidelines. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Cyclobenzaprine HCL 7.5mg #120 was not medically necessary.

Ondansetron ODT 8mg #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) Pain Procedure Summary

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: CA MTUS and 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. It is noted that the provider has prescribed Ondansetron for nausea associated with headaches that are present with chronic pain. Ondansetron is not indicated for this purpose. Therefore, the request for Ondansetron ODT 8mg #30 was not medically necessary.

Omeprazole DR 20mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

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. Omeprazole has been prescribed for GI symptoms and to protect the stomach with NSAID use. However, there is no documentation that the patient has any gastrointestinal complaints. In addition, the NSAID, diclofenac, has been found to be medically unnecessary. As a result, this associated request cannot be substantiated. Therefore, the request for Omeprazole DR 20mg # 120 was not medically necessary.

Tramadol HCL ER 150mg #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): 78-81.

Decision rationale: CA 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. In the reports provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol HCL ER 150mg #90 was not medically necessary.

Menthoderm gel 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale as to why the patient requires this brand-name product instead of an over-the-counter formulation was not provided. Therefore, the request for Menthoderm gel 120gm #1 was not medically necessary.