

Case Number:	CM14-0133175		
Date Assigned:	08/22/2014	Date of Injury:	05/29/2008
Decision Date:	09/19/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 American Board of Family Practice 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 52 year old female claimant who sustained a work injury on 5/29/08 involving the neck. She was diagnosed with C4-C6 herniated nucleus pulposus and cervical discopathy /radiculitis. She underwent a microdiscectomy, partial corpectomy neuroforaminotomy and cervical cord decompression in 2010. A progress note on 4/23/14 indicated the claimant had residual symptoms from retained hardware. On 7/14/14 the treating physician requested Diclofenac 100 mg 4 times a day, Flexeril 7.5 mg 4 times a day, Ondansetron for medication related nausea, Omeprazole 20 mg Bid for GI symptoms related to medications and Tramadol ER 150mg three times a day for acute pain. The claimant had been on, Flexeril, anti-inflammatory medications and Omeprazole since at least 2012.

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) 100 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the MTUS guidelines, dosages of greater than 150 mg of Diclofenac /day are not recommended. It is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. For chronic pain, it is recommended for short-term relief. The claimant had been on "anti-inflammatory" medications for years. The length of Diclofenac use is unknown. Based on the guidelines, the high dose and prolonged use of an anti-inflammatory such as Diclofenac ER is not medically necessary.

OMEPRAZOLE 20 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.

ONDANSETRON 8 MG ODT # 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-emetics.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea related to opioids. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The claimant had not been taking Ondansetron for the above related diagnoses. As a result its use is not medically necessary.

CYCLOBENZAPRINE HYDRACHLORIDE TABLETS 7.5 MG# 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 Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The claimant had been on Flexeril for years. There was no recent documentation outlining clinical response. The continued use of Flexeril is not medically necessary.

TRAMADOL ER 150 MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There was no evidence of failure of acetaminophen. The claimant had been taking it with NSAIDs for an unknown length of time. Clinical response to pain had not been noted nor examination findings indication functional response. In addition, maximum dose recommended is 400 mg/day. The claimant had been on 450 mg /day. Based on the above, continued use of Tramadol ER is not medically necessary.