MAXIMUS Federal Services

Case Number:	CM14-0133982		
Date Assigned:	08/25/2014	Date of Injury:	04/08/2014
Decision Date:	12/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 04/10/2014 due to an unspecified mechanism of injury. An RFA dated 06/10/2014 shows that the injured worker was being prescribed Voltaren SR (diclofenac sodium) 100 mg for inflammation and pain, orphenadrine citrate ER 100 mg to aid in relaxing muscle tension, and joint pain associated with the injury, sumatriptan succinate tablets 25 mg for migraine headaches associated with chronic cervical spine pain, ondansetron ODT tablets 8 mg for nausea associated with headaches, and omeprazole delayed release capsules 20 mg for GI symptoms. There was no documentation submitted for review regarding the patient's subjective complaints, objective examination findings, diagnostic studies, surgical history, relevant diagnoses, or past treatments. The treatment plan was for diclofenac sodium ER (Voltaren SR 100 mg) #120, omeprazole delayed release 20 mg tablets #120, ondansetron ODT 8 mg #60, orphenadrine citrate ER 100 mg #120, tramadol hydrochloride ER 150 mg #90, Terocin patches #30, and sumatriptan succinate 25 mg #18. The Request for Authorization form was signed on 06/11/2014.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for diclofenac sodium ER (Voltaren SR) 100mg, #120 is not medically necessary. It was stated that the injured worker was taking this medication for inflammation and pain. The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain at the lowest effective dose. There should be documentation of a functional improvement and an objective decrease in pain. There was no documentation submitted for review regarding the injured worker's subjective complaints or physical examination findings to support the use of this medication. In addition, it is unclear how long the injured worker has been using this medication. Without this information, the request would not be supported. Furthermore, the request fails to mention the frequency of the medication. Given the above, the request is not medically necessary.

Omeprazole Delayed Release 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

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

Decision rationale: The request for omeprazole delayed release 20mg, #120 is not medically necessary. It was noted that the injured worker was using this medication for gastrointestinal upset. The California MTUS Guidelines state that proton pump inhibitors may be prescribed to those at high risk for gastrointestinal events with no cardiovascular disease. There was no clinical information submitted for review regarding the injured worker's subjective complaints of physical examination findings to support the use of this medication. In addition, the request fails to mention the frequency of the medication and therefore, this would not be supported. Given the above, the request is not medically necessary.

Ondansetron ODT 8mg, #60: 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 Procedure Summary

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

Decision rationale: The request for Ondansetron ODT 8mg, #60 is not medically necessary. The California MTUS Guidelines/ACOEM Guidelines do not address this medication. The Official Disability Guidelines do not recommended Ondansetron for nausea and vomiting secondary to opioid use. Based on the clinical information submitted for review, the injured worker was using this medication for nausea associated with headaches. However, there was no documentation

submitted for review regarding the injured worker's subjective complaints of physical examination findings, or a review of systems to support the use of this medication. In addition, the request fails to mention the frequency of the medication. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Orphenadrine Citrate ER 100mg, #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: The request for Orphenadrine citrate ER 100mg, #120 is not medically necessary. The California MTUS Guidelines state that non-sedating muscle relaxants are recommended as an option for the short term treatment of acute exacerbation in patients with chronic low back pain. There was no documentation submitted for review showing how long the injured worker has been using this medication and without this information, a continuation would not be supported as it is only recommend for short term treatment. In addition, there were no physical examination findings within the clinical documentation to support that the injured worker was suffering from an acute exacerbation of low back pain. Furthermore, the requesting physician failed to mention the frequency of the medication within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Tramadol Hydrochloride 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 Opioids Page(s): 78.

Decision rationale: The request for tramadol hydrochloride ER 150mg, #90 is not medically necessary. The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. There was no documentation submitted for review showing that the injured worker had a quantitative decrease in pain, an objective improvement in function, or had been screened for aberrant drug taking behaviors and/or intolerable side effects with the use of this medication to support continued use. Furthermore, the requesting physician failed to mention the frequency of the medication within the request and without this information, the request would not be supported. Given the above, the request is not medically necessary.

Terocin Patch, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Terocin patch, #30 is not medically necessary. The California MTUS Guidelines state that topical analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no clinical documentation submitted for review showing that the injured worker had failed a trial of anticonvulsants and antidepressants to support a second line treatment medication. There was also no documentation showing that the injured worker was suffering from neuropathic pain to support the request for a topical analgesic. In addition, the requesting physician failed to mention the frequency of the medication within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Sumaptriptan Succinate 25mg, #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

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

Decision rationale: The request for sumatriptan succinate 25mg, #18 is not medically necessary. The California MTUS Guidelines do not address this medication. The Official Disability Guidelines state that triptans are recommended for migraine sufferers. Based on the clinical information submitted for review, the injured worker was using this medication for migraine headaches. However, there was a lack of documentation showing evidence of efficacy with the medication, such as a quantitative decrease in pain and an objective improvement in function to support continued use. In addition, the requesting physician failed to include the frequency of the medication within the request and without this information the request would not be supported. Given the above, the request is not medically necessary.