

Case Number:	CM14-0135010		
Date Assigned:	08/29/2014	Date of Injury:	06/26/2011
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 33 year old male with a date of injury on June 26, 2011. He was diagnosed with lumbar discopathy, left elbow injury and cubital tunnel syndrome. In a progress note dated July 3, 2014, he complained of constant pain in the low back that radiated into his lower extremities. His pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing, and walking multiple blocks. He rated his pain to be at 8 out of 10 on the pain scale. Objective findings to the lumbar spine included tenderness with spasm over the paravertebral musculature, limited range of motion due to guarding and a positive seated nerve root test. There was a tingling sensation with numbness noted in the anterolateral thigh, anterior knee, medial left, and in the foot. These were all in an L4 dermatomal pattern. His muscle strength was noted to be at 4+/5 in the quadriceps. This is review for the requested medications including diclofenac sodium extended release (Voltaren sustained release) 100mg, #120, omeprazole 20mg, #120, ondansetron 8mg, #30, cyclobenzaprine hydrochloride 7.5 mg, #120, tramadol extended release 150mg, #90 and Methoderm gel, 120mg, #1.

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, Quantity: 120, once a day with food as needed for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Diclofenac sodium (Voltaren).

Decision rationale: The medical records received have limited information to support the necessity Diclofenac sodium extended release (Voltaren sustained release) 100mg at this time. The medical records did not document the length of time that the injured worker has been utilizing this medication including the response to previous use. Objective findings were lacking such as a decrease in pain level, an increase in range of motion and an increase in ability to do activities of daily living. Also, per Official Disability Guidelines, Diclofenac sodium is not recommended as first line, due to increased risk profile.

Omeprazole 20mg Quantity: 120, one PO 12 H PRN upset stomach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms and cardiovascular risk.

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: The request for Omeprazole 20 mg #120 is not medically necessary at this time. From the medical records reviewed, there was no documentation of any gastrointestinal complaints from the injured worker.

Ondansetron 8mg ODT Quantity: 30, one PRN upset stomach/cramping/nausea, no more than two/day: 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) Pain Chapter, Ondansetron (Zofran).

Decision rationale: The medical records received have limited information to support the necessity of Ondansetron 8 mg, #30. As per Official Disability Guidelines, it was stipulated that this medication is not recommended for nausea and vomiting secondary to chronic opioid use.

Cyclobenzaprine Hydrochloride tablets 7.5mg Quantity: 120, one PO Q8H PRN pain and spasm: 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): 41.

Decision rationale: The medical records provided limited information to support the necessity of cyclobenzaprine hydrochloride tablets 7.5mg. Medical records were not able to establish if this medication is to be taken for short-term use. It was also indicated per the California Medical Treatment Utilization Schedule that the medication is approved only for short-term use. Therefore, the cyclobenzaprine hydrochloride tablets 7.5mg are not medically necessary.

Tramadol ER 150mg Quantity: 90, once a day as needed for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term assessment Page(s): 88.

Decision rationale: The request for tramadol extended release 150mg, #90 is not medically necessary at this time. Based on review of the medical records, there is no documentation of the length of time that the injured worker has been utilizing this medication as well as the responses to previous use such as a decrease in pain level, an increase range of motion and the increased ability to perform activities of daily living. As per the California Medical Treatment Schedule, criteria for long-term use of opioids included documentation of pain and functional improvement that comparison to baseline maybe possible. Furthermore, the same guidelines accentuate the necessity for a screening instrument for abuse/addiction, which was also not found on the medical records submitted for review. Therefore, the request for tramadol extended release 150mg is not medically necessary.

Menthoderm gel 120mg Quantity: one, apply up to four times a day to pain areas: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Salicylates (topical).

Decision rationale: As per California Medical Treatment Utilization Schedule, topical analgesics are largely experimental. There are few randomized controlled trials to determine the efficacy and safety of topical analgesics. These are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. Furthermore, the Official Disability Guidelines indicated that topical over the counter pain relievers that contain menthol, methyl salicylate or capsaicin, may in rare instances cause serious burns. Therefore, the request is not considered medically necessary.

