

Case Number:	CM14-0135578		
Date Assigned:	08/29/2014	Date of Injury:	05/26/2014
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
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 Internal 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:

The injured worker is a 41 year old female who sustained an injury on 05/26/14 while attempting to restrain inmates. The injured worker sustained injuries to the hips and low back. The injured worker was seen on 08/01/14 with ongoing complaints of pain in the low back and hips. Pain was 7/10 on the VAS. The injured worker's physical exam was notable for limited lumbar range of motion with associated numbness and tingling in the lateral thigh as well as in a L5/S1 distribution. Abnormal reflexes in the lower extremities were noted. The requested medications were denied by utilization review on 08/04/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 06/10/2014; regarding recommendations for NSAIDs

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

Decision rationale: In regards to the use of Diclofenac ER 100mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical

documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.

Omperazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 06/10/2014; regarding Proton Pump Inhibitors (PPIs)

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: In regards to the use of Omperazole 20mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 06/10/2014; Ondansetron (Zofran); antiemetics (for opioid nausea)

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, Anti-emetics

Decision rationale: In regards to the use of Ondansetron 8mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This medication is indicated for nausea and vomiting secondary to anesthesia or radiation/chemotherapy treatments. This injured worker does not meet the FDA indications for this medication. Given its off-label use in this case, this reviewer would not recommend this request as medically necessary.

Cyclobenzaprine HCl 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 06/10/2014; muscle relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 7.5mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain; regarding Criteria For Use Of Opioids; Therapeutic Trial of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the use of Tramadol ER 150mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a long acting analgesic such as Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from long acting narcotics diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic-like medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tramadol. No specific pain improvement was attributed to the use of this medication. As there is insufficient evidence to support the ongoing use of Tramadol, this reviewer would not recommend this request as medically necessary.