

Case Number:	CM14-0136831		
Date Assigned:	09/03/2014	Date of Injury:	09/26/2008
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with a date of injury of 09/26/2008. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. Lumbosacral neuritis. 3. Cervicalgia. According to progress report 06/11/2014, the patient presents with constant neck pain that radiates down to the bilateral upper extremities accompanied by numbness and bilateral occipital headaches. The patient also reports constant radiating low back pain with numbness and tingling. The patient rates his pain 5/10 with medication and 10/10 without medication. Examination revealed spasm in the bilateral paraspinous musculature, and decreased strength of the extensor muscles in the bilateral lower extremities. Positive straight leg raising was noted at 45 degrees. The patient's medication regimen includes cyclobenzaprine 7.5 mg, naproxen 550 mg, omeprazole 20 mg, Ondansetron 8 mg, tramadol 150 mg, and Voltaren XR 100 mg. The physician is requesting a refill of medications. A Utilization review denied the request on 08/07/2014.

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, Once a day with food as needed for pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS; NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 22; 67-68.

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a refill of Diclofenac Sodium 100 mg for patient's inflammation and pain. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first line of treatment. Review of the medical file indicates the patient has been taking anti-inflammatories since at least 06/20/2013. The physician notes temporary symptomatic relief with ongoing and regular use of this medication. Patient also reports a decrease in pain utilizing a numerical scale with current medication regimen which includes NSAID. This request is considered medically necessary.

Omeprazole 20 #120, 1 PO 12 H PRN Upset Stomach: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a refill of omeprazole 20 mg #120 "as needed for upset stomach and to be taken in conjunction with pain anti-inflammatory medication to protect the patient's stomach and to prevent any GI complications." The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the physician does not document dyspepsia or any GI issues.

Ondansetron 8mg ODT #30, 1 PRN Upset Stomach/Cramping/Nausea, No more than 2/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: Antiemetics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ZOFTRAN (ONDANSETRON).

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a refill of Ondansetron 8 mg ODT #30 "as needed for upset stomach and to be taken in conjunction with pain anti-inflammatory medication to protect the patient's stomach and to prevent any GI complications." The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS

recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the physician does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120, 1 PO Q8H/PRN Pain and Spasm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a refill of cyclobenzaprine 7.5 mg #120 for patient's pain and spasm. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." Review of the medical file indicates the patient has been prescribed this medication since at 06/20/2013. This medication is not indicated for long term use. This request is not medically necessary

Tramadol ER 150mg #90, ONce a day as needed for sever pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; OPIOIDS FOR NEUROPATHIC PAIN Page(s): 80; 82.

Decision rationale: This patient presents with chronic low back and neck pain. The physician is requesting a refill of tramadol ER 150 mg #90 for patient's severe pain. The patient is permanently partially disabled and currently not working. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Although the physician provides a numerical scale indicating a decrease in pain with taking this medication, there is no discussion of functional improvement or quality of life changes with the use of this opioid. Furthermore, physician does not provide a urine drug screen to monitor medications as required by MTUS for long term opiate use. This request is not medically necessary.