

Case Number:	CM14-0137460		
Date Assigned:	09/05/2014	Date of Injury:	07/21/2007
Decision Date:	10/08/2014	UR Denial Date:	07/31/2014
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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 31-year-old female who reported an injury on 07/21/2007. The mechanism of injury was not provided in the medical records. She was diagnosed with lumbago and status post lumbar fusion. On 05/06/2014, the injured worker was seen for low back pain without radiation. It was also noted that she reported right shoulder pain, severe headaches, and migraines for 2 weeks. Her physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and a positive Hawkins sign of the right shoulder. The recommendation was made for a followup in 2 weeks and medication refills as they had been helpful. However, her medication list was not provided within the 05/06/2014 note. A 06/14/2014 Letter of Medical Necessity indicated that the patient was prescribed naproxen 550 mg, orphenadrine ER 100 mg, sumatriptan 25 mg, ondansetron 8 mg, omeprazole 20 mg, tramadol ER 150 mg, and Terocin patches. A request was received for Voltaren SR, omeprazole, ondansetron, cyclobenzaprine, and tramadol ER. The Request for Authorization form was not submitted for review. However, a previous Request for Authorization form submitted on 06/16/2014 indicated that omeprazole was prescribed to be used as needed for upset stomach, ondansetron was prescribed to be used as needed for upset stomach and nausea, and tramadol ER to be used as needed for severe pain. However, cyclobenzaprine and diclofenac were not requested previously, and a rationale for these medications was not provided in the submitted medical records.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are generally recommended at the lowest effective dose for the shortest duration of time possible due to their significant risk of adverse effects. The clinical duration submitted for review indicated that the injured worker was being treated for low back and right shoulder pain, as well as headaches. However, details regarding the prescription for diclofenac ER were not provided. The injured worker was previously noted to be utilizing naproxen, and there was no documentation indicating that she had significant adverse effects from this medication or that naproxen was being discontinued. Therefore, it is unclear whether Voltaren SR was being recommended in place of or in addition to naproxen. Further, the duration of use of diclofenac was not provided as it was not specifically noted to be a new prescription. As documentation did not address the injured worker's need for diclofenac sodium ER and as NSAIDs are not recommended for long term use for chronic pain and have a significant risk profile, details are needed regarding this prescription in order to establish appropriateness. Additionally, the request as submitted did not include a frequency. For the reasons noted above, the request is not medically necessary.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia related to NSAID use or for patients being prescribed NSAIDs who have been shown to have an increased risk for gastrointestinal events. The clinical information submitted for review indicated that omeprazole had been prescribed in 06/2014 to be taken as needed for upset stomach. A Letter of Medical Necessity further indicated that it was prescribed in order to protect the stomach and prevent GI complications from taking anti-inflammatory medications. The injured worker was noted to have previously been prescribed naproxen; however, it is unclear whether she has continued use of this medication. In addition, the documentation did not indicate that she had complaints of dyspepsia related to this medication or significant risk factors for gastrointestinal events. As the guidelines do not support omeprazole to prevent GI complications from NSAIDs, the request is not supported. In addition, the request as submitted did not include a frequency. Consequently, the request is not medically necessary.

Ondansetron ODT 8mg, #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, Pain (Chronic)

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

Decision rationale: According to the Official Disability Guidelines, antiemetics are not recommended to treat nausea secondary to opioid therapy. The guidelines further specify that ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, as well as acute use for gastroenteritis. The clinical information submitted for review indicated that ondansetron had been prescribed for nausea associated with the headaches that the injured worker experiences due to her chronic cervical spine pain. There was no documentation indicating that she had nausea and vomiting related to chemotherapy or radiation treatment, or acute gastroenteritis. Therefore, the injured worker was not noted to have an indication for use of ondansetron as listed by the guidelines. In addition, details regarding the duration of use and the efficacy of this medication were not provided. Moreover, the request as submitted did not include a frequency of use. For the reasons noted above, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine is recommended for the short term treatment of muscle pain and spasm. However, the guidelines specifically specify that this medication is not recommended for chronic use due to limited mixed evidence, and should be limited to use for no longer than 2 to 3 weeks. The clinical information submitted for review did not provide a rationale for the request for cyclobenzaprine. In addition, there was no documentation showing that the injured worker had complaints of significant spasm. Moreover, there was no documentation indicating the duration of use of cyclobenzaprine or whether it has been effective. Furthermore, the request as submitted failed to include a frequency. For the reasons noted above, the request is not medically necessary.

Tramadol ER 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75; 78.

Decision rationale: According to the California MTUS Guidelines, long acting opioid medications are used to stabilize medication levels and provide around the clock analgesia. The guidelines also specify that the ongoing use of opioids require detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical documentation showed that the injured worker had previously been prescribed tramadol ER for acute severe pain. However, the documentation failed to provide a detailed pain assessment with numeric pain scales with and without medication in order to establish significant pain relief. Further, the documentation did not indicate whether use of tramadol resulted in increased function or adverse side effects. Additionally, the documentation did not address whether the injured worker had shown any aberrant drug behaviors and whether there had been consistent results on urine drug screens in order to verify compliance. Moreover, the documentation did not indicate why the injured worker required around the clock analgesia or whether she had failed an adequate trial of a short acting opioid prior to being prescribed tramadol ER. In the absence of this documentation, the appropriateness of the continued use of tramadol ER cannot be established. Additionally, the request as submitted did not include a frequency. For the reasons noted above, the request is not medically necessary.