

Case Number:	CM14-0139951		
Date Assigned:	09/08/2014	Date of Injury:	04/19/2006
Decision Date:	10/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/28/2014

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 New York. 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 claimant is a 39 year old male who sustained an industrial injury on 04/19/2006. The mechanism of injury was not provided for review. His diagnoses include cervicalgia and low back pain - status post (s/p) posterior lumbar interbody fusion on 10/11/2013. He complains of neck and low back pain. The neck pain radiates into the upper extremities and is associated with headaches and the low back pain radiates to the lower extremities. On exam there is palpable paravertebral muscle tenderness with spasm in the cervical and lumbar spine, positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain in the cervical spine, and standing flexion and extension are guarded and restricted in the lumbar spine. Treatment in addition to surgery has included medical therapy with Diclofenac Sodium, Omeprazole, Cyclobenzaprine and Ondansetron. The treating provider has requested Voltaren SR 100mg # 120, Omeprazole 20mg # 120, Ondansetron ODT 8mg # 30, and Cyclobenzaprine 7.5mg # 120.

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, QTY: 120: Overturned

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 Page(s): 67.

Decision rationale: The requested medication, Diclofenac Sodium is medically necessary for the treatment of the claimant's pain condition. Diclofenac Sodium is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant neck and low back pain and the medication has proved beneficial for pain control. Long-term use should include monitoring of renal and liver function. Medical necessity for the requested treatment has been established. The requested treatment is medically necessary.

Omeprazole 20mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

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

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented gastrointestinal (GI) distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Ondansetron ODT 8mg, QTY: 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, Treatment for Workers Compensation, Anti-emetics for opioid nausea.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics for opioid nausea

Decision rationale: Per ODG guidelines, antiemetics are not recommended for nausea and vomiting associated with chronic opioid use. There is no documentation indicating the patient has nausea and vomiting. Per the reviewed documentation he is not currently treated with any opioid medication. Medical necessity for the requested item has not been established. The requested medication is not medically necessary.

Cyclobenzaprine HCL 7.5mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 6/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of cervical and low back pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate there is any functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per CA MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested medication is not medically necessary.