

Case Number:	CM14-0147744		
Date Assigned:	09/15/2014	Date of Injury:	12/01/2009
Decision Date:	12/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 58-year-old male who reported an injury on 12/01/2009 due to an unknown mechanism. Diagnoses included lumbago. Physical examination on 07/31/2014 revealed complaints of constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting or standing, or walking multiple blocks. The pain was characterized as sharp and was reported that it radiated into the lower extremities. The patient reported the pain was worsening. The pain was reported to be an 8/10. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Range of motion standing flexion and extension were guarded and restricted. Stability revealed no clinical evidence of stability on exam. Sensation and strength revealed tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as the foot, L5 and S1 dermatomal patterns. There was a 4 strength in the extensor hallucis longus muscle and ankle plantar flexors, L5 and S1 innervated muscles. Ankle reflexes were asymmetric. Treatment plan was for a request of epidural steroid injections and a treatment of acupuncture. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The decision for Omeprazole 20mg # 120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, (1) age greater than 65 years, (2) history of peptic ulcer, GI bleeding or perforation, (3) concurrent use of aspirin, corticosteroids, and/or anticoagulant, or (4) high dose/multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. The efficacy of this medication also was not reported. Furthermore, the request does not indicate a frequency for the medication. Therefore, request for Omeprazole is not medically necessary.

Ondansetron 8mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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, Antiemetics (for opioid nausea)

Decision rationale: The decision for ondansetron 8mg # 30 is not medically necessary. The Official Disability Guidelines states antiemetics (for Opioid nausea) are not recommended. They are not recommended for nausea and vomiting secondary to chronic Opioid use. They are recommended for acute use as indicated. Nausea and vomiting is common with use of Opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated. Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and for acute use for gastroenteritis. It was not indicated that the injured worker had any of the above. There is a lack of documentation detailing a clear indication to justify the use of this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, request for Ondansetron is not medically necessary.

Cyclobenzaprine 7.5mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The decision for Cyclobenzaprine 7.5mg # 120 is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain, however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. There was a lack of documentation of an objective assessment of the injured worker's pain, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, request for Cyclobenzaprine is not medically necessary.