MAXIMUS Federal Services

Case Number:	CM14-0152778		
Date Assigned:	09/23/2014	Date of Injury:	05/02/2008
Decision Date:	10/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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 patient is a 54-year-old female who has submitted a claim for 1) lateral right elbow strain, 2) femoral humeral epicondylitis, right elbow, 3) sprain/strain to bilateral shoulder, 4) cervical spine strain, 5) sprain/strain of left shoulder, elbow, wrist and hand, 6) mild degenerative disc disease from C3 to C6 with no evidence of central or foraminal stenosis, and 7) moderate neuroforaminal stenosis with small disc formation at C6-C7 level associated with an industrial injury date of May 2, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of persistent pain in the neck that radiates to the upper extremities with numbness and tingling. Examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Bilateral wrists were positive for Tinel's and Phalen's signs. There was a positive Tinel's sign at the elbows. There was tenderness at the mid to distal lumbar segments. Treatment to date has included Tramadol ER (since at least October 2013), Cyclobenzaprine (since at least October 2013), Omeprazole (since at least October 2013) and Quazepam (since at least March 2014). Cervical spine surgery was scheduled. Utilization review from September 17, 2014 denied the request for Omeprazole 20mg 1 q12hr QTY: 120.00, Ondansetron 8mg 1 prn QTY: 30.00, Cyclobenzaprine Hydrochloride 7.5mg q8hr prn QTY: 120.00, Tramadol ER 150mg 1 qd prn QTY: 90.00, Levofloxacin 750mg QTY: 30.00 and Quazepam 15mg qhs QTY: 30.00. The request for Cyclobenzaprine was denied because there was no documentation of the presence of muscle spasms. The request for Ondansetron was denied because there was no documentation of nausea nad/or voting or that such symptoms need to be prevented. The request for tramadol was modified to a lower number because the patient sees the provider at regular intervals. The request for Levofloxacin was modified to a lower number because the recommended dose for a complicated skin infection is 70mg qd for 7-10 days. The request for Quazepam was denied because there is no documentation that the patient

has any symptoms of insomnia or any difficulty sleeping. The request for Omeprazole was denied because the patient does not have any symptom or risk factors for GI events related to NSAID use.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as Omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg #120 is not medically necessary.

Ondansetron 8mg #30: Upheld

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

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

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the recent progress reports do not indicate nausea or vomiting. The patient was also not on cancer therapy, radiation therapy, or surgery. Ondansetron is not indicated in this case. Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, physical examination revealed spasm at the trapezius. Progress notes mentioned that the patient had been taking cyclobenzaprine since at least October 2013. This period is more than 2 weeks, which is the guideline recommended limit. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg q8hr prn QTY: 120.00 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking tramadol for pain since at least October 2013. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol ER 150mg #90 is not medically necessary.

Levofloxacin 750mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Physician's Desk Reference 2014, Levofloxacin; Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery

Decision rationale: The CA MTUS does not address levofloxacin specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician's Desk Reference 2014 was used. The Physician's Desk Reference 2014 states that Levofloxacin is an antibiotic used to treat a variety of infections. In this case, levofloxacin was requested for post-operative prophylaxis for a cervical spine surgery. Guidelines recommend the use of a single dose of antimicrobial agents less than 24 hours prior to surgery. It is not clear why this patient is being prescribed with 30 pills of Levofloxacin for this purpose. There is no rationale provided to justify deviance from guideline recommendations. Therefore, the request for Levofloxacin 750mg #30 is not medically necessary.

Quazepam 15mg #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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance develops with long-term use. In this case, the patient was prescribed Quazepam since at least March 2014. The long-term use of benzodiazepines is not recommended by the guidelines due to the risk of dependence and tolerance. Therefore, the request for Quazepam 15mg #30 is not medically necessary.