

Case Number:	CM14-0158670		
Date Assigned:	10/02/2014	Date of Injury:	05/16/2011
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Arizona. 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 had a work related injury dated 5/16/11 resulting in chronic pain to the low back. The patient was examined by the primary treating physician on 9/3/14. At that time, the injured worker complained of low back pain with radiation into the lower extremities 8/10 with difficulty sleeping. The physical exam showed paravertebral muscle tenderness with spasms with decreased range of motion and sensory deficits in a dermatomal distribution with decreased strength. The plan of care included oral analgesic medications and physical therapy. The medications recommended included Fenoprofen Calcium 400mg #120, Omeprazole DR 20mg #120, Ondansetron ODT 8mg # 30, Cyclobenzaprine 7.5mg #120, and Tramadol ER 150mg #50. Under consideration is the denial of these medications during the utilization review done 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain in patients with osteoarthritis. About back pain, NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. Fenoprofen is an NSAID analgesic. The continued use of Fenoprofen Calcium 400mg #120 is not medically necessary.

Omeprazole DR 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Omeprazole DR 20mg #120 is not medically necessary.

Ondansetron ODT 8 MG #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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Chronic Pain

Decision rationale: The use of Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The continued use of Ondansetron ODT 8mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride Tablets 7.5 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as cyclobenzaprine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP, they show no benefit beyond NSAIDs in pain and overall improvement and offer multiple side effects including sedation and somnolence. There is no documentation to support the patient is having an acute exacerbation of chronic LB pain. The continued use of cyclobenzaprine 7.5mg #120 is not medically necessary.

Tramadol ER 150 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. About using opioids for chronic pain, they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, and long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case, there is not documentation that the patient has had significant functional improvement while taking Tramadol. There is no documentation about risk assessment for opioid use or and urine toxicology testing. The continued use of Tramadol is not medically necessary.