

Case Number:	CM14-0159915		
Date Assigned:	10/03/2014	Date of Injury:	06/06/2010
Decision Date:	12/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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:

There were 58 pages provided for this review. It was for multiple medicines. The request for independent medical review was signed on September 23, 2014. There was a modification recommendation from September 3, 2014 that was partially certified. The Cyclobenzaprine was reduced to one by mouth three times a day number 60 only instead of 120. The Sumatriptan Succinate 25 mg number 92 was reduced to Sumatriptan Succinate tablets 25 mg number nine with no refills. The ondansetron was the same. The Omeprazole was the same. The Tramadol was reduced in number. There was a review by an orthopedic surgeon. He was described as a 47-year-old man injured back in 2010. The mechanism of injury was not documented in the clinical records. Prior treatment included bracing, acupuncture, Robaxin and Vicodin. He had an injection of 2 ml of Toradol mixed with one cc of Marcaine and vitamin B12 intramuscularly. The patient had undergone a lumbar stabilization and decompression procedure at an unknown date and it reportedly provided significant improvement in his symptoms. He also underwent a left wrist carpal tunnel release on October 19, 2010 and a right release on December 28, 2010 with reportedly good results. The patient was approved for cervical fusion. Electrodiagnostic studies from March 24, 2011 suggested a left chronic L5 radiculopathy. An MRI of the neck from 2011 showed 1 to 2 mm central posterior disc protrusion with encroachment on the subarachnoid space at C4-C5. MRI of the lumbar spine showed degenerative change and central annular fissure at L4-L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. The amount was appropriately reduced for weaning purposes. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The original request as submitted was appropriately non-certified.

Sumatriptan Succinate Tablets 25mg #9 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, under Triptans

Decision rationale: The MTUS is silent on this medicine. The ODG notes that this medicine is recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth, 2001) (Mannix, 2005) (Martin 2005) (McCrary, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005). In this case though, there is no classic neurologic description of migraines headaches in this claimant. The use of the medicine for injury-related headache pain would be off label, and not proven effective in large scale clinical studies. The request was appropriately non-certified.

Ondansetron ODT Tablets 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The MTUS was silent on this medicine. The ODG notes the following on Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is appropriately non-certified.

Omeprazole Delayed-Release Capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and ca.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. Therefore this request is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, Page(s): 12,13 83 and 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of Tramadol is therefore not supported. Therefore this request is not medically necessary.