

Case Number:	CM14-0166434		
Date Assigned:	10/13/2014	Date of Injury:	12/10/2007
Decision Date:	12/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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:

Injured worker (IW) is a 64 year old female who sustained an industrial injury on 06/04/13. She is s/p lumbar laminectomy and fusion on 04/03/14. She required hospitalization for pain control following surgery, and was discharged on medications including gabapentin and cyclobenzaprine. 6/04/14 office note documented development of sharp left lower extremity pain following surgery, and L5 myotomal weakness was noted on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg #120: Overturned

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

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

Decision rationale: MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. This is the first documented request for the NSAID Fenoprofen. This medication appears to be a reasonable option for treatment of an exacerbation of low back and lower extremity pain and is medically necessary.

Omeprazole 20mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS recommends use of a proton pump inhibitor (PPI) as a gastroprotective agent for patients at risk for gastrointestinal adverse events. IW is approaching her 65th birthday, an age at which MTUS defines as high risk for GI adverse events with NSAIDs. The requested omeprazole appears to be reasonable and medically necessary based upon initiation of NSAID use in this case.

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 Chapter, Antiemetics (for opioid nausea); Ondansetron (Zofran®)

Decision rationale: ODG does not recommend Ondansetron for treatment of nausea and vomiting secondary to chronic opioid use. ODG notes FDA indications for Ondansetron including treatment of nausea and vomiting secondary to chemotherapy and radiation treatment; postoperative use; and acute use for gastroenteritis. No rationale is documented in this case which would support use of an antiemetic. Medical necessity is not established for the requested Ondansetron.

Cyclobenzaprine Hydrochloride tab 7.5mg #120: Upheld

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

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

Decision rationale: MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. Medical necessity is not established for the requested Cyclobenzaprine

Tramadol ER 150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Based upon the submitted clinical documentation, a trial of tramadol ER is medically necessary in this case and is consistent with MTUS recommendations.