

Case Number:	CM14-0167547		
Date Assigned:	10/14/2014	Date of Injury:	04/16/2013
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, ankle pain, and knee pain reportedly associated with an industrial injury of April 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 15, 2014, the claims administrator failed to approve a request for fenoprofen, omeprazole, ondansetron, cyclobenzaprine, and tramadol. The applicant's attorney subsequently appealed. In a progress note dated August 25, 2014, the applicant reported ongoing complaints of neck and low back pain, 6/10 to 8/10. The applicant was returned to regular duty work. The attending provider stated that he was refilling medications under a separate cover. While the attending provider returned the applicant to work, the attending provider stated that he was pursuing 12 sessions of physical therapy and that the remainder of the applicant's treatment course would depend on the applicant's response to physical therapy. There was no explicit discussion of medication selection or medication efficacy. Similarly, in a March 7, 2014, handwritten progress note, the applicant reported ongoing complaints of neck and low back pain. Eight sessions of physical therapy were endorsed. The attending provider again stated that he was refilling prescriptions under a separate cover. On November 11, 2013, the applicant was again asked to return to regular duty work. MRI imaging and electrodiagnostic testing of multiple body parts were sought. The attending provider stated that the applicant could continue taking unspecified medications which were, once again, being refilled under a separate cover without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic and Functional Restoration Approach to Chronic Pain Manageme.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not explicitly discussed how and/or if ongoing usage of fenoprofen has proven efficacious here. Rather, it appears that the attending provider has simply refilled medications from visit to visit without explicitly stating which medications he is refilling and/or whether or not they were in fact efficacious or not. Therefore, the request for fenoprofen is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the information on file does not clearly establish the presence of issues associated with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. There is no mention of issues of dyspepsia raised on any of the above-referenced progress notes. Therefore, the request is not medically necessary.

Ondansetron 8mg ODT #30 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Pain Chapter, Ondansetron (Zofran)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA),

Ondansetron Medication Guide:

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: According to the medication guide cited above: Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. While the MTUS does not specifically address the topic of ondansetron, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well-informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no mention that the applicant is having experienced any active symptoms of nausea and/or vomiting on or around the dates in question. Furthermore, there is no mention of the applicant as having had cancer chemotherapy, radiation therapy, and/or surgery at any point during the dates in question. Therefore, the request is not medically necessary.

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a wide variety of other agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Tramadol 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant is working, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Also, the attending provider failed to mention or allude to ongoing

usage of tramadol in any of the aforementioned progress notes. Therefore, the request is not medically necessary.