

Case Number:	CM14-0167579		
Date Assigned:	10/14/2014	Date of Injury:	03/09/2013
Decision Date:	11/17/2014	UR Denial Date:	09/16/2014
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 Family Practice 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:

48 yr. old female claimant sustained a work injury on 3/9/13 involving the low back. An MRI in January 2014 indicated the claimant had L4-S1 disc protrusion with an annular tear. She was diagnosed with lumbar discopathy. She had undergone Toradol injections, chiropractor therapy and acupuncture sessions for pain. A progress note on 7/15/14 indicated the claimant had 7/10 pain. Exam findings were notable for a positive seated nerve root test and paravertebral spasms. Range of motion was restricted. The claimant had been on Naproxen and Tramadol for pain, Flexeril for muscle spasms along with Odansetron for nausea associated with medications and Omeprazole for GI symptoms related to medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-71.

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

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding,

perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec (Omeprazole) is not medically necessary.

Ondansetron 8 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 68-69.

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

Decision rationale: According to the guidelines, Ondansetron (anti-emetic) is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for post-operative or chemotherapy related nausea. In this case, alternative medication trial was not noted to prevent nausea. The continued use of Ondansetron is not medically necessary.

Cyclobenzaprine Hydrochloride Tablet 7.5 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with other analgesics. A high dose for over a month is not recommended. Flexeril as above is not medically necessary.

Tramadol ER 150 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was prescribed beyond

the maximum amount of 300 mg per day. There is no indication of need for this neither dose nor noted response to an escalating dose. The use of Tramadol ER as above is not medically necessary.