

Case Number:	CM14-0176565		
Date Assigned:	10/29/2014	Date of Injury:	01/21/2013
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine & Rehabilitation 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 53 years old female claimant sustained a work injury on 10/12/88 involving the neck, shoulders, knees and low back. She was diagnosed with lumbar radiculopathy and a herniated nucleous pulposis. She underwent an L4-L5 discectomy. An MRI in September 2013 showed surgical changes and L4-L5 foraminal narrowing. A progress note on 7/29/14 indicated the claimant had continued neck, back and shoulder pain. Exam findings were notable for limited range of motion of the cervical and lumbar region. The right knee McMurray test was positive. Impingement findings were positive in both shoulders. The claimant was continued on medications that were not specified. In October 2014, a request was made for continuing Fenoprofen, Cyclobenzaprine, Sumatriptan, Odansetron, Omeprazole and Tramadol. He had been on Tramadol for over a year.

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,: Upheld

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

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

Decision rationale: Fenoprofen is an NSAID. According to the MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. For acute exacerbations of chronic back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. In this case, there is no indication of Tylenol failure. In addition, Fenoprofen was prescribed with an opioid (Tramadol). There was no indication for the combination of both medications. The claimant was given a proton pump inhibitor which also would likely not be needed if an NSAID was not prescribed. The Fenoprofen is not medically necessary.

Cyclobenzaprine Hcl 7.5mg #120,: Upheld

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

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 given Cyclobenzaprine for a prolonged period in combination with an Opioid and NSAID. The Cyclobenzaprine is not medically necessary.

Sumatriptan Succinate 25mg #18: Upheld

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

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

Decision rationale: According to the guidelines, triptans such as Sumatriptan are indicated for migraines. There was no indication of a migraine diagnosis. In addition, there was no indication of the type of headache- occipital, cluster, etc. The use of Sumatriptan is not justified and not medically necessary.

Ondansetron Odt 8mg #30,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics (For opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Anti-emeitic

Decision rationale: According to the ODG guidelines, antiemetics (Zofran/Odansetron) are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran 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. The claimant does not have cancer nor has he undergone recent surgery. The use of Odansetron is not medically necessary.

Omeprazole Dr 20mg #120,: Upheld

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

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

Decision rationale: According to the MTUS guidelines, 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. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.

Tramadol Hcl Er 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Tramadol Page(s): 92-93.

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 had been given a dose of 450 mg daily which exceeds the recommended maximum dose of 300 mg daily. In addition, the claimant had been on Tramadol for over a year. The continued use of Tramadol ER as above is not medically necessary.