MAXIMUS Federal Services

Case Number:	CM14-0028542		
Date Assigned:	06/16/2014	Date of Injury:	05/19/2012
Decision Date:	07/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 56-year-old male who reported an injury on 09/19/2012. The mechanism of injury was not provided. On 02/10/2014, the injured worker presented with continued symptomology in his lumbar spine with extension to his bilateral lower extremities. Prior therapies included injections, physical therapy, and medications. Upon examination of the lumbar spine, there was pain and tenderness to the iliac crest and to the lumbosacral spine, standing flexion and extension were guarded and restricted, and radicular pain into the lower extremities traveling along the lateral thigh, anterolateral and posterior leg as well as foot. There was also clear evidence of a foot drop. The diagnoses were lumbar discopathy with MRI evidence of a 3 mm disc protrusion/extrusion at L4-5 and L5-S1 with disruption of bilateral nerve roots at both levels and progressive neurological deficit with 3+ to 4- strength and presence of foot drop not previously diagnosed. There was current medication list provided. The provider recommended cyclobenzaprine hydrochloride 7.5 mg, ondansetron 8 mg, and tramadol hydrochloride ER 150 mg. The provider's rationale was not provided. The Request for Authorization Form was dated 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 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 Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for cyclobenzaprine hydrochloride 7.5 mg with a quantity of 120 is not medically necessary. The California MTUS Guideline recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDS in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some indications in this class may lead to dependence. The injured worker has been prescribed cyclobenzaprine hydrochloride since at least 07/23/2013, the efficacy of the medication was not provided. Additionally, the provider's request for additional cyclobenzaprine hydrochloride exceed the recommendation of short term exacerbations. The provider's request does not indicate the frequency of the requested medication. As such, the request is not medically necessary.

ONDANSETRON ODT 8MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

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

Decision rationale: The request for Ondansetron ODT 8 mg with a quantity of 60 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects include nausea and vomiting, are limited to short term duration and have limited efficacy for long term use. If nausea and vomiting remained prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. The injured worker has been prescribed Ondansetron since at least 07/2013, the efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for tramadol hydrochloride ER 150 mg with a quantity of 90 is not medically necessary. The California MTUS Guideline recommend providing ongoing

review and documentation of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased function and improved quality of life. The medical documentation lacked evidence of the injured worker's failure to respond to nonopioid analgesics. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker was prescribed tramadol since at least 07/2013, the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the requested medication. As such, the request is not medically necessary.