

Case Number:	CM14-0030455		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2010
Decision Date:	08/05/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 58-year-old male who reported an injury on 09/20/2010 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to multiple body parts. The injured worker's treatment history included several surgical interventions, activity modifications, postoperative physical therapy, and multiple medications. The injured worker was evaluated on 02/05/2014. It was documented that the injured worker had an acute exacerbation of chronic pain and muscle spasming. It was noted that Cyclobenzaprine was provided and the injured worker had previously had a positive response to this medication. It was noted that the injured worker was instructed in not to take this medication for longer than a 3 day period. It was documented that the injured worker was provided Ondansetron to assist with nausea related to the use of Cyclobenzaprine. It was documented that the injured worker was provided omeprazole as the injured worker was prescribed naproxen which had previously caused epigastric pain and upset for the injured worker. It was also documented that the injured worker was prescribed Tramadol to be taken on an as needed basis for a short course of treatment to assist with acute flare ups of chronic pain. An actual physical evaluation of the injured worker was not provided during this appointment. Additionally, the injured worker's diagnoses were also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

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

Decision rationale: The requested Omeprazole 20 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation does indicate that the injured worker had previously had gastric upset related to medication usage. However, the clinical documentation submitted for review did not provide a treatment history or any evidence that the injured worker was currently taking nonsteroidal anti-inflammatory drugs that would put them at risk for developing gastrointestinal events. There was not an adequate assessment of the injured worker's gastrointestinal system to support the use of this medication. Furthermore, the request as it submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole 20 mg #120 is not medically necessary or appropriate.

Tramadol 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 On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol 150 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain is supported by documentation of functional benefit, evidence that the injured worker is monitored from aberrant behavior, functional benefit, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has had an acute exacerbation of chronic pain that would benefit from medication usage. However, a quantitative assessment of pain relief resulting from the use of this medication was not provided. Additionally, there is no documentation of functional benefit resulting from prior usage. There is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol 150 mg #90 is not medically necessary or appropriate.

Ondansetron 8mg #30 times two: 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).

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, Anti-emetics.

Decision rationale: The requested Ondansetron 8 mg #30 times two is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines do not support the use of Ondansetron or other antiemetics to assist with managed side effects related to medication usage. The clinical documentation specifically identifies the use of this medication as a prophylactic treatment for a suspected side effect of a prescribed medication. Therefore, the use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ondansetron 8 mg #30 times two is not medically necessary or appropriate.

Cyclbenzaprine 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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 7.5 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of this medication for acute exacerbations of chronic pain. It is recommended that the use of this medication be limited to treatment duration of approximately 2 to 3 weeks. The clinical documentation submitted for review does indicate that the injured worker presented to the treating provider's office with an acute exacerbation of pain and muscle spasming. Therefore, this medication would be indicated in this clinical situation. However, the requested 120 pills may exceed guideline recommendations of a 2 to 3 week treatment duration. The request as it is submitted fails to identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Cyclobenzaprine 7.5 mg #120 is not medically necessary or appropriate.