

Case Number:	CM14-0035158		
Date Assigned:	05/02/2014	Date of Injury:	01/20/2011
Decision Date:	07/24/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 46-year-old male who has filed a claim for lumbago associated with an industrial injury date of January 20, 2011. Review of progress notes indicates persistent low back and right flank pain, neck pain with stiffness, left wrist symptomatology, and bilateral shoulder symptomatology. Findings include tenderness of the cervical, lumbar, and bilateral shoulder region; positive Hawkin's impingement at the shoulders; positive Tinel's and Phalen's signs at the left wrist, and weak left hand grip. Cervical spinal x-ray dated January 14, 2014 showed excellent position and alignment. Treatment to date has included NSAIDs, triptans, muscle relaxants, Medrox ointment, Toradol and B12 injections, cervical spinal surgery in November 2013, and lumbar spinal surgery in July 2012. Utilization review from February 17, 2014 denied the requests for cyclobenzaprine hydrochloride tablets 7.5mg #120 as there is no documentation of derived benefits, and this medication is only recommended for short-term use; ondansetron 8mg #60 as there is no documentation of nausea or vomiting; omeprazole DR 20mg #120 as there is no documentation of risk factors in this patient; and quazepam 15mg #30 as there was no benefit derived from previous benzodiazepine use; and tramadol ER 150mg #90 as there was no evidence of significant benefit with previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine Hydrochloride 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. Patient has been on this medication since February 2013. However, there is no documentation regarding the benefits derived from this medication, and this medication is only recommended for short-term therapy. Therefore, the request for 120 Cyclobenzaprine Hydrochloride 7.5mg is not medically necessary.

60 (30 X 2) Ondansetron ODT 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Antiemetics (For Opioid Nausea).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Patient has been on this medication since February 2013. In this case, the patient underwent cervical spinal surgery in November 2013 and reported post-operative headaches and nausea. However, the latest progress notes do not report symptoms of nausea or vomiting. There is no indication for continuation of this medication. Therefore, the request for 60 Ondansetron ODT 8mg is not medically necessary.

120 Omeprazole Delayed-Release 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this

medication since January 2013. However, there is no documentation regarding the abovementioned risk factors in this patient. Therefore, the request for 120 Omeprazole DR 20mg is not medically necessary.

30 Quazepam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since November 2013. However, there is no documentation regarding the necessity for this medication. This medication is only recommended for short-course therapy. Therefore, the request for 30 Qazepam 150mg is not medically necessary.

90 Tramadol Hydrochloride ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since November 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for 90 Tramadol Hydrochloride ER 150mg is not medically necessary.