

Case Number:	CM14-0045904		
Date Assigned:	08/06/2014	Date of Injury:	06/13/2012
Decision Date:	09/11/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; opioid therapy; muscle relaxants; earlier multilevel lumbar fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for Naproxen, Tramadol, Flexeril, Omeprazole, and Ondansetron. Non-ODG Guidelines were invoked to deny omeprazole, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a December 18, 2013 progress note, the applicant was described as having persistent complaints of low back pain. The applicant was given a Toradol shot in conjunction with a vitamin B12 shot. The applicant was apparently pending a hardware removal surgery. The applicant was placed off of work, on total temporary disability. In a prescription form dated January 3, 2014, the attending provider refilled prescriptions for naproxen, ondansetron, Prilosec, and tramadol through usage of preprinted checkboxes, with no narrative commentary and no documentation of medication efficacy. On January 22, 2014, the applicant was asked to continue taking unspecified medications for chronic low back pain. The applicant was again placed off of work, on total temporary disability. On March 18, 2014, the attending provider wrote in a handwritten PR-2 form that the applicant should remain off of work indefinitely owing to low back pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 7,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider's progress notes made no mention of medication efficacy. The attending provider did not outline any improvements in pain and/or function achieved as a result of ongoing medication consumption, including ongoing naproxen usage. The fact that the applicant remains off of work, on total temporary disability, despite the same, furthermore, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of naproxen. Therefore, the request is not medically necessary.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider made no mention of medication efficacy on several progress notes, referenced above, the attending provider did not discuss the efficacy of medications and/or response to the medications in question on any of the aforementioned progress notes. The applicant is, furthermore, off of work, on total temporary disability. On balance, then, it does not appear that criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. The applicant is using a variety of oral and topical agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file do not establish the presence of ongoing symptoms of reflux, heartburn, and/or dyspepsia for which ongoing usage of omeprazole would be indicated. Therefore, the request is not medically necessary.

Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question. Therefore, the request is not medically necessary.

Ondansetron 8mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron or Zofran is FDA approved in the management of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had any recent surgery, cancer chemotherapy, and/or radiation therapy. There was, furthermore, no mention of any active symptoms of nausea and/or vomiting present here. Therefore, the request is not medically necessary.