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| Case Number: | CM14-0046769 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/07/2007 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 03/28/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 52 year-old male with the date of injury of 05/07/2007. The patient presents with pain in his neck and lower back. His neck pain radiates down to the upper extremities and his lower back pain radiates down to the lower extremities. He rates his pain as 6-9/10 on the pain scale, depending on the intake of medication. [REDACTED]'s report on 03/14/2014 indicates that the patient is currently taking pain medication provided by his primary treating physician. None of the reports mention the names of medication. According to [REDACTED]'s report on 03/14/2014, diagnostic impressions are: 1) Chronic pain other 2) Cervical Radiculopathy 3) S/P cervical spinal fusion 4) Lumbar post laminectomy syndrome 5) Lumbar radiculopathy The utilization review determination being challenged is dated on 03/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 10/11/2013 to 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: 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 (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: The patient presents chronic and severe pain in his neck and lower back. The patient is s/p anterior cervical fusion in October 2013 and laminectomy. The request is for Cyclobenzaprine 7.5mg. MTUS guidelines page 64 recommend muscle relaxant as a short course of therapy. None of the reports provide the history of this medication. Utilization review letter on 03/28/2014 states that "CAMUST and the records in this case do not provide a rationale for this muscle relaxant in chronic situation as currently. This medication is only recommended for short-term use." The treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-up's. Recommendation is for denial.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents chronic and severe pain in his neck and lower back. The patient is s/p anterior cervical fusion in October 2013 and laminectomy. The request is for Omeprazole 20mg. MTUS guidelines page 69 recommend prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; etc. In this case, the provider does not provide any GI assessment to determine whether or not the patient would require prophylactic use of a PPI. No medications are listed to know whether or not the patient is on any NSAIDs and there are no reports of gastric problems either. Recommendation is for denial.

Ondansetron 8mg ODT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Antiemetics (For Opioid Nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), antiemetic's for opiates.

Decision rationale: The patient presents chronic and severe pain in his neck and lower back. The patient is s/p anterior cervical fusion in October 2013 and laminectomy. The request is for Ondansetron 8mg ODT. MUTS do not mention antiemetic's. ODG guidelines recommend Ondansetron for nausea and vomiting secondary to chemotherapy and radiation treatment, for postoperative use, or for gastroenteritis. In this case, the provider does not provide any discussion regarding this medication. The patient is not post-operative and this medication is not recommended for nausea/vomiting from opiate use. Recommendation is for denial.

