MAXIMUS Federal Services

Case Number:	CM14-0054195		
Date Assigned:	07/09/2014	Date of Injury:	01/20/2011
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old male was reportedly injured on January 20, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicated that there were ongoing complaints of constant severe neck and back pains. The physical examination demonstrated tenderness of the cervical spine and lumbar spine with spasms and decreased range of motion. There was a well-healed scar present. X-rays indicated good positioning and no evidence of implant failure. Physical therapy for the cervical spine was recommended. Previous treatment was unknown. A request had been made for Omeprazole, Ondansetron, Cyclobenzaprine, and Tramadol and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Omeprazole delayed relase capsules 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS. Therefore, the request for Omeprazole is not medically necessary.

60 Ondansetron ODT tablets 8 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tipton JM, McDaniel RW, Barbour L, Johnston MP, Kayne M, LeRoy P, Ripple ML. Putting evidence into practice: evidence-based interventions to prevent, manage, and treat chemotherapy-induced nausea and vomiting. Clin J Oncol Nurs 2007 Feb: 11(1):69-78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html.

Decision rationale: Ondansetron is a medication used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. According to the attached medical record, the injured employee does not currently have any of these conditions. Therefore, this request for Ondansetron is not medically necessary.

120 Cyclobenzaprine hydrochloride tablets 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For Pain) Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does have muscle spasms on physical examination. However, this prescription for 120 tablets does not indicate short-term usage. Therefore, this request for Cyclobenzaprine is not medically necessary.

90 Tramadol Hydrochloride ER 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol ER is not medically necessary.