

Case Number:	CM14-0068040		
Date Assigned:	07/11/2014	Date of Injury:	09/24/2010
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 Medicine and is licensed to practice in Texas. 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 55 year old male who sustained an injury on 09/24/10. The the mechanism of injury is undisclosed. The injured worker has been followed for complaints of low back pain radiating to the lower extremities. This had not improved with conservative treatment to include physical therapy or injections. The injured worker is noted to have had a lumbar fusion performed in November of 2013. Postoperatively, the injured worker was followed by pain management with prescriptions for Tramadol, Quazepam, Omeprazole, Ondansetron, Cyclobenzaprine, and Naproxen. As of 04/24/14, the injured worker continued to report low back pain with radiating pain into the left lower extremity with associated numbness. The injured worker's physical examination noted a positive Tinel's sign over the left fibula. There was also tenderness noted over the injured worker's hardware in the lumbar spine. It appears that the injured worker was awaiting authorization for further physical therapy. Medications were reported as helpful and were refilled at this evaluation. The requested Omeprazole 20 milligrams quantity 120, Ondansetron 8 milligrams, Cyclobenzaprine 7.5 milligrams quantity 120, Tramadol extended release (ER) 150 milligrams quantity 90, and Terocin topical analgesic were all denied by utilization review on 05/02/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/prilosec.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as 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 Disability Guidelines (ODG) for pain regarding Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Anti-emetics.

Decision rationale: Ondansetron is indicated to address nausea and vomiting side effects from chemotherapy or radioactive therapy. There are also indications for its use in injured workers with postoperative nausea and vomiting symptoms. The clinical documentation submitted for review did not identify any indications for the use of Ondansetron as prescribed. Therefore, this reviewer would not have recommended this request. The request for Ondansetron is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not recommend ongoing use of this medication at this time.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting analgesics such as Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting analgesics such as Tramadol diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic-like medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tramadol. No specific pain improvement was attributed to the use of this medication. As there is insufficient evidence to support the ongoing use of Tramadol, this request is not medically necessary.

Terocin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin contains Capzasin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral antiinflammatories or anticonvulsants. Therefore, this request is not medically necessary.