

Case Number:	CM13-0029163		
Date Assigned:	04/25/2014	Date of Injury:	06/23/2011
Decision Date:	10/07/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female who sustained an industrial injury on 06-23-2011. The injured worker was diagnosed with retained symptomatic lumbar spine hardware, lumbar discopathy with progressive neurologic deficit, carpal tunnel -double crush syndrome, rule out possible plantar fasciitis and rule out internal derangement of the right hip. The injured worker is status post C5-C7 anterior cervical discectomy with fusion and a posterior lumbar interbody fusion (no dates documented). According to the primary treating physician's progress report on September 13, 2015, the injured worker continues to experience low back and neck pain aggravated by movement. The injured worker's upper extremities, right hip and bilateral feet and ankles were not significantly changed. Examination of the cervical spine demonstrated a well healed scar with tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. Pain was noted at terminal range of motion and dysesthesias at the C5 to C7 dermatomes. Examination of the upper extremities was unchanged with extension in the bilateral shoulders reproducing symptoms into the elbows, hands and wrists. There was some dermatomal overlap consistent with possible double crush syndrome with a positive palmar compression test subsequent to Phalen's maneuver. Reproducible symptoms were noted in the median nerve distribution. The lumbar spine demonstrated tenderness from the mid to distal lumbar segments with pain on terminal range of motion. Seated nerve root test was positive and dysesthesia at the L4-S1 dermatomes was noted. The right hip was tender at the anterolateral aspect with pain on hip rotation. The anterolateral area of the bilateral ankles and plantar aspect of the feet were tender with documented pain on forced dorsiflexion of the feet. The injured

worker was administered a Toradol and Marcaine injection intramuscularly and vitamin B-12 complex intramuscularly at the office visit. In office lumbar X-rays were performed on August 15, 2013 which documented "excellent position of the implants at the levels of L3 through S1. There is no hardware failure." Prior treatments documented to date have included physical therapy, diagnostic testing, surgery, physical therapy, urine drug screening (performed on August 15, 2013) and medications. Current medications were listed as Tizanidine, Sumatriptan, Ondansetron and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED RELEASE CAPSULES 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/019810s0831bl.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in June 2011 and is being treated for chronic pain with a history of cervical and lumbar multilevel fusions. In May 2013 she had gastric upset with use of Naprosyn and omeprazole was prescribed. Naprosyn was continued for two months. In July 2013, Lanza Gel, Soma, Norco, and Medrox were prescribed. When seen in August 2013, there had been overall improvement Physical examination findings of the cervical and lumbar spine, right hip, and bilateral feet and ankles were unchanged. There was cervical paraspinal muscle and upper trapezius tenderness with spasms. There was decreased and painful cervical range of motion with positive Spurling and Compression testing. There was lumbar tenderness. There was right hip tenderness and pain with range of motion and bilateral foot and ankle tenderness with pain with forced dorsiflexion. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not appear to have continued taking Naprosyn and there were no reported ongoing gastrointestinal complaints. The continued prescribing of omeprazole was not medically necessary.

ONDANSETRON ODT TABLETS 4 OR 8 MG #30 X 2, qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES CHAPTER- ANTIEMETICS (FOR OPIOID NAUSEA), <http://www.webmd.com/drugs/drug-833>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant sustained a work injury in June 2011 and is being treated for chronic pain with a history of cervical and lumbar multilevel fusions. In May 2013 she had gastric upset with use of Naprosyn and omeprazole was prescribed. Naprosyn was continued for two months. In July 2013, Lanza Gel, Soma, Norco, and Medrox were prescribed. When seen in August 2013, there had been overall improvement Physical examination findings of the cervical and lumbar spine, right hip, and bilateral feet and ankles were unchanged. There was cervical paraspinal muscle and upper trapezius tenderness with spasms. There was decreased and painful cervical range of motion with positive Spurling and Compression testing. There was lumbar tenderness. There was right hip tenderness and pain with range of motion and bilateral foot and ankle tenderness with pain with forced dorsiflexion. Indications for prescribing ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, there is no history of opioid induced nausea and there is no other clinical reason identified that would support the use of this medication. The request is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The claimant sustained a work injury in June 2011 and is being treated for chronic pain with a history of cervical and lumbar multilevel fusions. In May 2013 she had gastric upset with use of Naprosyn and omeprazole was prescribed. Naprosyn was continued for two months. In July 2013, Lanza Gel, Soma, Norco, and Medrox were prescribed. When seen in August 2013, there had been overall improvement Physical examination findings of the cervical and lumbar spine, right hip, and bilateral feet and ankles were unchanged. There was cervical paraspinal muscle and upper trapezius tenderness with spasms. There was decreased and painful cervical range of motion with positive Spurling and Compression testing. There was lumbar tenderness. There was right hip tenderness and pain with range of motion and bilateral foot and ankle tenderness with pain with forced dorsiflexion. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there had been no acute exacerbation as the claimant's cervical spine examination was unchanged and there were ongoing muscle spasms. More than 2-3 weeks of use was requested. The request for Flexeril was not medically necessary.