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| Case Number: | CM14-0121892 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/10/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male who was injured at work on 02/10/2013. The injured worker is reported to be complaining of 7/10 constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The pain is sharp, radiates to the lower extremities. The worker has a history of stomach upset with NSAIDs. The physical examination revealed restricted and guarded Lumbar range of motion; palpable lumbar muscle tenderness and spasms; positive seated nerve root test; Tingling and numbness of the S1 dermatome of the left foot and leg; slight weakness in the ankle flexors, as well as asymmetric ankle reflexes. The worker has been diagnosed of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections, Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, Zofran. At dispute are the requests for Diclofenac Sodium ER 100 Mg #120; Ondansetron 8 Mg #30; Omeprazole 20 Mg #120; Cyclobenzaprine Hydrochloride 7.5 Mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Formulary, Diclofenac

Decision rationale: The injured worker sustained a work related injury on 02/10/2013. The medical records provided indicate the diagnosis of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections, Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, and Zofran. The medical records provided for review do not indicate a medical necessity for Diclofenac Sodium ER 100mg #120. The official Disability Guidelines recommends against the use of this medication as a first line drug due to its high risk. As a result, it is listed as an "N" drug, meaning it requires utilization review. The requested treatment is not medically necessary and appropriate.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on 02/10/2013. The medical records provided indicate the diagnosis of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections, Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, and Zofran. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #120. It was being prescribed due to the gastrointestinal side effects of the NSAIDs. It is not medically necessary and appropriate since the Diclofenac has been determined to be not medically necessary and appropriate.

Ondansetron 8mg #30: Upheld

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

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)

Decision rationale: The injured worker sustained a work related injury on 02/10/2013. The medical records provided indicate the diagnosis of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections,

Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, and Zofran. The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg #30. The Official Disability Guidelines states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Therefore, the requested treatment is not medically necessary and appropriate as it is being used for nausea associated with headache.

Cyclobenzaprine Hydrochloride 7.5mg #120: 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): 61-64.

Decision rationale: The injured worker sustained a work related injury on 02/10/2013. The medical records provided indicate the diagnosis of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections, Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, Zofran. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hydrochloride 7.5mg #120. The recommended dose is 5-10 mg three times a day. Therefore the requested dose is for about 40 days. The MTUS recommends against the use of this medication for more than 2-3 weeks, but the records indicate the injured worker has used this medication for a long time. The requested treatment is not medically necessary and appropriate.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 02/10/2013. The medical records provided indicate the diagnosis of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections, Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, and Zofran. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg #90. The records indicate the injured worker has used this medication since 04/2014. The MTUS states there are no long term studies supporting the use of opioids for more than 70 days for chronic pain. Furthermore, the MTUS recommends the individual should be monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; but the records do not indicate the injured worker is being monitored for these. The requested treatment is not medically necessary and appropriate.

Menthoderm Gel #120: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 02/10/2013. The medical records provided indicate the diagnosis of Lumbago. Left shoulder osteoarthritis, rotator cuff impingement. Treatments have included physical therapy, Epidural steroid injections, Facet blocks, Diclofenac, Omeprazole, Cyclobenzaprine, Tramadol, Hydrocodone, Ketoprofen, and Zofran. The medical records provided for review do not indicate a medical necessity for Mentoderm Gel #120. This is a topical analgesic containing Menthol and methyl salicylate. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary and appropriate since menthol; an active ingredient in this topical analgesic is not recommended. Besides, there is no evidence the injured worker has failed treatment with the first line agents for neuropathic pain, a precondition for the use of topical analgesics.