MAXIMUS Federal Services

Case Number:	CM14-0137377		
Date Assigned:	09/05/2014	Date of Injury:	02/01/2009
Decision Date:	01/07/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 2/1/09. He was seen by his primary treating physician on 9/10/12 with complaints of symptomatology in his hands, chronic thoracolumbar pain and unchanged cervical spine changes. He had tenderness of the cervical and thoracolumbar paraspinal and trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver were positive. He had painful and restricted cervical range of motion and dysesthesias in C5-7 dermatomes. He had a positive Tinel's sign consistent with carpal tunnel syndrome. His diagnoses were cervical/lumbar discopathy, carpal tunnel / double crush syndrome. At issue is the request for omeprazole for GI symptoms, Ondansetron for side effects of Cyclobenzaprine and other analgesic agents, Cyclobenzaprine for muscle spasms, Sumatriptan for migraine headaches and Medrox pain relief ointment for minor aches and muscle pains per primary treating physician request for authorization dated 7/30/14, . Date of service was 9/10/12 for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed- Release capsules 20mg #120, DOS 09/10/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic pain in his hands, neck and back. His medical course has included use of several medications including Prilosec. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole.

Ondansetron ODT tablets 8mg #60, DOS 9/10/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Zofran/Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic pain in his hands, neck and back. His medical course has included use of several medications including Prilosec. Ondansetron is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being prescribed to counter the potential side effects of nausea of other medications. The records do not document the medical necessity for Ondansetron.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120, DOS 9/10/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics,,Cyclobenzaprine..

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

Decision rationale: This worker has chronic pain in his hands, neck and back. His medical course has included use of several medications including cyclobenzaprine. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/12 fails to document efficacy, functional status or a discussion of side effects to justify use. The Cyclobenzaprine is not medically substantiated in the records.

Sumatriptan Succinate tablets 25mg #18, DOS 9/10/2012: 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), Head Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Acute treatment of migraine in adults

Decision rationale: This worker has chronic pain in his hands, neck and back. His medical course has included use of several medications including Sumatriptan which is used in the acute treatment of migraines. The MD note of 9/12 does not include any documentation to support a diagnosis of migraine headaches or substantiate the medical necessity of Sumatriptan.

Medrox Pain Relief Ointment #240g, DOS 9/10/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: This worker has chronic pain in his hands, neck and back. His medical course has included use of several medications including Medrox. Medrox is a pain relief ointment which is a combination of menthol, capsaicin and methyl salicylate. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 9/12 fails to document efficacy, impact on functional status or side effects to justify use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records.