

Case Number:	CM14-0150824		
Date Assigned:	09/19/2014	Date of Injury:	06/15/2000
Decision Date:	01/08/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 56-year-old male patient who reported an industrial injury on 6/15/2000, over 14 years ago, attributed to the performance of his usual and customary job tasks. The patient complains of chronic neck pain with headaches and arm pain with numbness and tingling along with low back pain left greater than right lower extremity pain. The patient was evaluated in follow up with no major changes to the neck and back pain. The patient reports daily headaches. The patient is being treated for the diagnoses of displacement lumbar disc without myelopathy; degeneration cervical in or vertebral disc; lumbar spine lumbosacral intervertebral disc; postlaminectomy syndrome lumbar; cervicalgia; lumbago; cervical cranial syndrome; thoracic/lumbosacral radiculitis; spasms of muscles; others specified myalgia and myositis. The patient has taken OxyContin 30 mg #90; Subsys 400 ugm; trazodone 50 mg; Cymbalta 60 mg; MS-IR 15 mg; Sumavel for migraine; Colace; Lidoderm; MiraLAX; Prilosec; Valium #60; intermezzo; and Lexapro by pain management. The patient reported chronic low back pain to the orthopedic surgeon who documented objective findings of diminished range of motion to the lumbar spine with tenderness and spasms in the paravertebral musculature. The patient was prescribed Omeprazole 20 mg #120; Ondansetron 8 mg #30; Cyclobenzaprine 7.5 mg #120; and Tramadol ER 150 mg #90 by the orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg times 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Naproxen. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #120.

Ondansetron 8 mg times 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids

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: General disciplinary guidelines for the practice of medicine

Decision rationale: The treating provider provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of Ondansetron for episodes of nausea and vomiting allegedly due to the side effects of medications is not supported with objective evidence. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects prescribed for the course of treatment. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The

prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications or from SCS use. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for the prescribed Ondansetron 8 mg #30.

Cyclobenzaprine 7.5 mg times 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxant for pain Page(s): 128, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (Cyclobenzaprine) 7.5 mg #120 is recommended for the short term treatment of muscle spasms and not for the long term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic back and hip pain. The Cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg #120 for the effects of the industrial injury.

Tramadol ER 150 mg times 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chronic pain medications; opioids

Decision rationale: Evidence based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Tramadol ER 150 mg #90 for long acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic mechanical back pain; neck pain and bilateral knee pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for neck, back, and knee pain. The chronic use of Tramadol ER is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic mechanical back pain. The prescription of opiates on a continued long term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence based guidelines based on intractable pain. The prescription of Tramadol ER 150 mg #90 as prescribed to the patient is demonstrated to be not medically necessary.