

Case Number:	CM14-0180426		
Date Assigned:	11/05/2014	Date of Injury:	09/29/2011
Decision Date:	01/02/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 59 year old female with an injury date of 09/29/11. Based on the 07/21/14 progress report provided by treating physician, the patient complains of low back pain rated 6/10 that radiates to her lower extremities with associated tingling and numbness, right hip and right toe pain. Physical examination to the lumbar spine revealed spasm and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension and flexion. Dysesthesia at L5 and S1 dermatomes and weakness at ankles and toes. Examination of the right hip revealed tenderness at the anterolateral aspect of right hip and well-healed scars. Range of motion was painful on hip rotation. Examination of the right big toe revealed a well-healed scar. Patient walks with a limp favoring the right side. Per progress report dated 08/04/14, treater states that medications are necessary for the symptomatic relief of persistent pain due to industrial injury. Omeprazole is prescribed for upset stomach, Ondansetron for nausea, Cyclobenzaprine for muscle spasms and Sumatriptan to be taken at onset of headache. Patient is retired. Diagnosis 07/21/14- lumbar spine discopathy with radiculitis.- status post right foot surgery by history.- internal derangement right hip. The utilization review determination being challenged is dated 10/03/14. Treatment reports were provided from 04/21/14 - 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risks Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Per progress report dated 08/04/14, Omeprazole is prescribed for upset stomach. In this case, the patient is not on oral NSAIDs to consider PPI for prophylactic use. Review of reports does not show evidence of gastric problems that would require treatment with PPI's. There is no mention of any problems with GI issues. Given the lack of documentation of continued need for this medication, the request is not medically necessary.

Ondansetron 8 mg #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

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) chapter, Antiemetics (for opioid nausea)

Decision rationale: Per progress report dated 08/04/14, Ondansetron is prescribed for nausea. However, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. The request is not medically necessary.

Cyclobenzaprine hydrochloride 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

Decision rationale: MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Review of reports show patient has used Cyclobenzaprine, from 08/04/14, which is 2 months from UR date of 10/03/14. Furthermore, the request for quantity 60 does not indicate intended short term use. The request is not medically necessary.

Sumatriptan Succinate 25 mg # 9 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptan

Decision rationale: ODG guidelines have the following regarding Triptans for headaches: ODG Guidelines, Head chapter, Triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." Per progress report dated 08/04/14, Sumatriptan is to be taken at onset of headache. In this case, the patient does not present with a diagnosis of headache or migraines. The request does not meet guideline indication. The request is not medically necessary.