

Case Number:	CM14-0193099		
Date Assigned:	11/26/2014	Date of Injury:	04/15/2013
Decision Date:	04/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 34 year old male who sustained an industrial injury on 04/15/2013. He has reported constant neck and back pain and stiffness and left knee pain. Diagnoses include musculoligamentous sprain of the cervical spine with upper extremity radiculitis musculoligamentous sprain of the thoracic spine, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, internal derangement left knee, probable tear medial meniscal left knee, chondromalacia patella left knee, disc bulges L-2 (2mm) L2-3 (2mm)L3-4 (2mm), L4- 5 (2-3mm), L5-S5-S1 (3mm contact the S1 nerve root). Treatments to date include oral and topical medications, use of an interferential (IF) unit, and physical therapy. A progress note from the treating provider dated 09/18/2014 indicates limited range of motion of the right mid and low back with increased sharp pain and locking. The low back also had muscle spasms and radicular symptoms into the left leg to the foot. On examination there was positive axial compression to the base of the neck and 25 degrees extension. Treatment plan s included use of the IF unit, inversion table, ice, and continuing exercise. A MRI of the cervical spine will also be requested. The following medications were requested: Methocarbamol 500mg # 90 Refills 3; Cyclobenzaprine 10 mg #30 Refills: 3, Flurbiprofen/Ranitidine 100/100 mg # 90 Refills: 3; and Tramadol/Acetaminophen/Ondansetron 100/250/2 mg # 90 Refills: 3. On 10/31/2014 Utilization Review modified a request for Methocarbamol 500mg # 90 Refills 3 to Methocarbamol 500mg # 20, and modified a request for Cyclobenzaprine 10 mg #30 Refills: 3, to Cyclobenzaprine 10 mg # 20. The MTUS Guidelines were cited. Utilization Review

non-certified requests for Flurbiprofen/Ranitidine 100/100 mg # 90 Refills: 3, and Tramadol/Acetaminophen/Ondansetron 100/250/2 mg # 90 Refills: 3. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Ranitidine 100/100 mg # 90 Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: According to MTUS guidelines, Flurbiprofen is a NSAID indicated in case of osteoarthritis. MTUS guidelines recommended use of NSAID with the lowest dose and the shortest period of time. The proposed drug is a combination of omeprazole and Flurbiprofen. Ranitidine is indicated in case of increased risk of GI bleed when a NSAID is used. There is no documentation of increased risk of bleed in this patient. In addition there is no documentation that NSAID was used for the lowest period of time and the shortest period of time. Therefore, the request for Flurbiprofen/Ranitidine 100/100 mg # 90 Refills: 3 is not medically necessary.

Tramadol/Acetaminophen/Ondansetron 100/250/2 mg # 90 Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The "4 A's" for Ongoing

Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication-induced nausea and vomiting. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol/Acetaminophen/Ondansetron 100/250/2 mg # 90 Refills: 3 is not medically necessary.

Cyclobenzaprine 10 mg #30 Refills: 3: 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).

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine 10mg #30, with 3 refills is not medically necessary.

Methocarbamol 500mg # 90 Refills 3: 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).

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic back pain and spasm. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no documentation of recent muscle spasms and the prolonged use of muscle relaxants is not justified. The prescription of Methocarbamol 500mg #90 with 3 refills is not medically necessary.

