MAXIMUS Federal Services

Case Number:	CM14-0193219		
Date Assigned:	12/01/2014	Date of Injury:	06/16/2010
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
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. The expert reviewer is Board Certified in Physical Medicine & 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 33 year old male with date of injury 6/16/10. The treating physician report dated 10/21/14 (102) indicates that the patient presents with pain affecting the low back and lower extremities, right ankle pain and left knee pain. The physical examination findings reveal constant throbbing pain in the left knee, unchanged; constant sharp low back pain with radiation into the lower extremities, unchanged; and unchanged right ankle. Prior treatment history includes injection, medications and physical therapy. MRI findings of the left knee reveal fluid within the knee joint consistent with joint effusion along with a collapsed trilocular Baker cyst medial to the medial gastrocnemius. There is also evidence of a sprain/partial tear of the anterior cruciate ligament and a 5 mm extra meniscal cyst identified in relation to the anterior inferior aspect of the anterior horn of the lateral meniscus. MRI findings of the lumbar spine reveal a 2 to 3 mm disc bulge at each of these levels with bilateral existing nerve root compromise. The current diagnoses are internal derangement knee, NOS and lumbago. The utilization review report dated 11/13/14 denied the request for Fenoprofen calcium (Nalfon) 400 mg #20 based on lack of documented functional benefit. The UR report dated 11/13/14 denied the request for omeprazole 20 mg #120 based on no risk factors for GERD or gastritis documented. The UR report dated 11/13/14 denied the request for Ondansetron 8 mg #30 based on there being no indication of recent surgery, treatment for cancer or functional benefit with prior use of this medication. The UR report dated 11/13/14 denied the request for cyclobenzaprine hydrochloride tablets 7.5 mg #120 based on no documentation of significant benefit over the past year as well as long-term use not being supported. The UR report dated 11/13/14 denied the request for Tramadol 150 mg #90 based on lack of ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The patient presents with pain in the low back and lower extremities, right ankle pain and left knee pain. The treating physician states that the medications are improving the patient's activities of daily living and making it possible for him to continue working. The MTUS guidelines state that NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician has been prescribing Fenoprofen calcium at least since 3/21/14 and the physician states that the medication helps reduce pain and helps the patient work and performs ADLs. MTUS supports the usage of NSAIDs and the current request is medically necessary. Recommendation is for authorization.

Omeprazole 20mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain in the low back and lower extremities, right ankle pain and left knee pain. . The treating physician does not document any gastric complaints from the patient. The MTUS guidelines state that "omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events: 1. Age is more than 65 years; 2. History of peptic ulcers, GI bleeding, or perforations; 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant; 4. High-dose multiple NSAIDs." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the reports provided show no discussion of GI complications and there is no discussion of the efficacy or use of this medication. Recommendation is for denial.

Ondansetron 8mg ODT QTY: 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 (ODG), Pain Chapter, Ondansetron (Zofran); Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Antiemetics

Decision rationale: The patient presents with pain in the low back and lower extremities, right ankle pain and left knee pain. The treating physician states that the patient's current medications are helping him achieve activities of daily living as well as making it possible for him to continue working. The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has the following regarding antiemetic: "Not recommended for nausea and vomiting secondary to chronic opioid use and recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It 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." The treating physician has not documented any nausea or vomiting in the records provided. There is no evidence of chemotherapy, radiation treatment or recent surgery. Recommendation is for denial.

Cyclobenzaprine hydrochloride tablets 7.5mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The patient presents with pain in the low back and lower extremities, right ankle pain and left knee pain. The treating physician states that the patient's current medications are helping him achieve activities of daily living as well as making it possible for him to continue working. The MTUS guidelines state "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." In this case the treating physician has been prescribing a muscle relaxant for at least seven months with little documentation of any significant benefit. The MTUS guidelines are clear that this medication is only to be used for short term usage during acute exacerbations and not to be used longer than 2-3 weeks. Recommendation is for denial.

Tramadol ER 150mg QTY: 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with pain in the low back and lower extremities, right ankle pain and left knee pain. The treating physician states that the patient's current medications are helping him achieve activities of daily living as well as making it possible for him to continue working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is documentation provided of pain levels with and without medication usage. The IW was returned to work, which is an indication of functional improvement. The progress note document a review of systems which screens adverse effects like constipation. The notes indicate that urine drug screens were requested to monitor for adverse behaviors with opioid usage. No urine drug screen has been provided. The MTUS guidelines require thorough documentation of the four "As" to continue opioid usage. Recommendation is for authorization.