

Case Number:	CM14-0193837		
Date Assigned:	12/01/2014	Date of Injury:	11/07/2006
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 60 year old male with a date of injury of 11/7/06. Per treating physician report dated 9/24/14, the patient presents with low back pain with radiation of pain into the lower extremities. Physical examination revealed palpable paravertebral muscle tenderness with spasm and seated nerve root test is positive. Range of motion is guarded and restricted. There is tingling and numbness in the lateral thigh, anterolateral leg and foot and posterior leg and lateral foot. There is full strength in the EHL and ankle plantar flexors. The listed diagnosis is lumbar discopathy. Treatment plan is for LESI, and medications. The patient is currently working full duty. The Utilization review denied the request for medications on 10/30/14. Treatment reports from 2/6/14 through 10/19/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 omeprazole 20mg: Overturned

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

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

Decision rationale: This patient presents with low back pain with radiation of pain into the lower extremities. The current request is for 120 omeprazole 20mg. The California MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treating physician notes that the omeprazole is prescribed for "GI symptoms." Review of AME report dated 6/24/13 states that the patient has a long history of GERD. This patient has been utilizing various NSAIDs since 2008 and the treating physician states that the patient has GERD. The requested Omeprazole is medically necessary.

30 ondansetron 8mg: Upheld

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

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

Decision rationale: This patient presents with low back pain with radiation of pain into the lower extremities. The current request is for 30 Ondansetron 8mg. The treating physician notes that "Ondansetron has been prescribed for the patient's nausea associated with headaches that are present with chronic cervical spine pain." 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. The prescription is 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 is requesting this medication for patient's nausea associated with headaches. The ODG Guidelines do not support the use of Ondansetron other than nausea following chemotherapy, acute gastroenteritis or for post-operative use. The requested Ondansetron is not medically necessary.

120 cyclobenzaprine 7.5mg: Upheld

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

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

Decision rationale: This patient presents with low back pain with radiation of pain into the lower extremities. The current request is for 120 Cyclobenzaprine 7.5mg. The treating physician notes that cyclobenzaprine is being prescribed for the patient's palpable muscle spasms noted during examination. Prior progress reports do not provide a discussion regarding this medication. It appears to be an initial request. The California MTUS Guidelines page 63

regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." In this case, the treater is requesting #120. The MTUS Guidelines support the usage of cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2 to 3 weeks. The requested Cyclobenzaprine is not medically necessary.

90 tramadol 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSCRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

Decision rationale: This patient presents with low back pain with radiation of pain into the lower extremities. The current request is for 90 Tramadol 150mg. California MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California 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. Review of the medical file indicates that the patient has been prescribed Tramadol since 2012. In this case, recommendation for further use of Tramadol cannot be supported as the treater does not provide any discussion regarding this medication's efficacy. The patient is noted to be working full time but there is no before and after pain scale to denote decrease in pain. Urine drug screens and CURES report are not addressed as required by MTUS for opiate management. There are no discussions of possible aberrant behaviors or possible side effects either. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Tramadol is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.