

Case Number:	CM14-0195960		
Date Assigned:	12/03/2014	Date of Injury:	05/19/2011
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/22/2014

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 Occupational 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:

Patient is a 41 year-old female with date of injury 05/19/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/08/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed spasm and tenderness to palpation in the spinal vertebral area L4-S1. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam was decreased sensitivity to light touch along the L4-S1 dermatomes in the left lower extremity. Motor exam was within normal limits in bilateral lower extremities. Straight leg raising test was positive on the left at 45 degrees from the seated position. Diagnosis: 1. Chronic pain, other 2. Lumbar radiculitis 3. Status post carpal tunnel release. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as five months. Medication: 1. Cyclobenzaprine Hydrochloride tablets, #120 SIG: 1PO Q8H2. Omeprazole 20mg, #60 SIG: 1 PO Q12H3. Ondansetron 8mg ODT, #30 SIG: 1 PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets #120 (1 PO Q8H/PRN pain and spasm): Upheld

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 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine Hydrochloride tablets #120 (1 PO Q8H/PRN pain and spasm) is not medically necessary.

Remaining Omeprazole 20mg #60 (1 PO Q12H PRN upset stomach): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #60 (1 PO Q12H PRN upset stomach) is not medically necessary.

Ondansetron 8mg ODT #30 (1 PRN upset stomach/cramping/nausea, no more than 2/day): Upheld

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

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), Ondansetron (Zofran)

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. The request is not medically necessary.