

Case Number:	CM14-0198115		
Date Assigned:	12/08/2014	Date of Injury:	06/01/2007
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chondromalacia of the knee reportedly associated with an industrial injury of June 1, 2007. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for fenoprofen, omeprazole, and ondasterone, approved Imitrex, and apparently partially approved cyclobenzaprine and tramadol. The claims administrator referenced an October 30, 2014 RFA form and associated progress notes of October 8, 2014 and October 25, 2014 in its reports. The applicant's attorney subsequently appealed. In an RFA form dated November 20, 2014 the attending provider stated he was requesting Levaquin 750 mg #30. No clinical progress notes or rationale were attached to the same. In a prescription order form dated November 30, 2014, several topical compounded medications were endorsed, again without any narrative commentary or narrative rationale. On April 20, 2014, the attending provider again furnished the applicant with several topical compounded medications, without any associated rationale or discussion of medication efficacy. On October 29, 2014, the applicant reported ongoing complaints of neck, low back, and shoulder pain. It was stated in one section of the note that the applicant was working while another section of the note stated that the applicant's pain prevented him from working. Cervical epidural steroid injection therapy was sought. The applicant's medications were not detailed. There was no explicit discussion of medication efficacy on this occasion. The applicant had had one prior epidural steroid injection, it was acknowledged. On October 8, 2014, the applicant reported ongoing complaints of neck, knee, and low back pain. The applicant was status post lumbar disk compression surgery, a knee arthroscopy, and a cervical disk compression surgery. Multifocal complaints of 5-9/10 pain were noted. The applicant's pain complaints were becoming severe and impacting his quality of life. The applicant had retired in 2007. The attending provider stated that he wished to pursue surgical

intervention involving lumbar spine. Medication selection and medication efficacy were not explicitly discussed; rather, the attending provider stated that he was refilling unspecified pharmacological agents under a separate cover. On May 26, 2014, the applicant received prescriptions for Naprosyn, Norflex, Imitrex, Zofran, Prilosec, and tramadol through an order form which employed preprinted checkboxes. No narrative commentary was attached. There was no explicit discussion of medication efficacy. On May 29, 2014, the applicant received Terocin and Imitrex through an RFA form, again without any explicit discussion of medication selection and/or medication efficacy. In a discharge summary of December 2, 2014, the applicant was discharged from the hospital after having been initially admitted on November 28, 2014 to undergo an L5-S1 lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other agents, including Naprosyn, Norflex, Imitrex, Zofran, tramadol, etc. Adding cyclobenzaprine to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tramadol ER 150 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 81.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is not working. The applicant has apparently taken some form of medical retirement at age 45, seemingly a function of the applicant's chronic pain issues. The attending provider's multiple progress notes, reference above, failed to include and/or incorporate

any explicit discussion of medication efficacy. Rather, the attending provider simply stated on several occasions that he was refilling medications under a separate cover without detailing how (or if) said medications were or were not effective. Therefore, the request is not medically necessary.

Fenoprofen calcium (Nalfon) 400 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation and should, furthermore, also include some discussion of "other medications" into his choice of pharmacotherapy. Here, the applicant was given a previous prescription for Naprosyn as early as May 26, 2014. It is not clear why the applicant was seemingly given concurrent prescriptions for two separate NSAID medications, Naprosyn and fenoprofen (Nalfon). Similarly, the attending provider's multiple progress notes, referenced above, simply stated that various medications, including fenoprofen, were being refilled under a separate cover. There was no explicit discussion of medication efficacy. The fact that the applicant failed to return to work, coupled with the fact that ongoing usage of fenoprofen failed to curtail the applicant's dependence on opioid agents such as tramadol, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Omeprazole 20 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes in question. Therefore, the request is not medically necessary.

Ondansetron 8 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no mention of issues with nausea and/or vomiting evident on any of the progress notes referenced above. The attending provider did not clearly state for what purpose ondansetron was being employed in any of the progress notes referenced above. Rather, the attending provider simply stated that he was refilling medications under a separate cover. The applicant seemingly underwent lumbar spine surgery on November 28, 2014, i.e., well before the date of the Utilization Review Report, November 6, 2014. The request in question, thus, did not represent a request for postoperative usage of ondansetron (Zofran) but, rather, represented a request for usage of ondansetron or Zofran for unknown purposes. The applicant was using ondansetron (Zofran) as early as May 26, 2014, i.e., some five months prior to the date the applicant underwent earlier lumbar spine surgery on November 28, 2014. Therefore, the request is not medically necessary.