MAXIMUS Federal Services

Case Number:	CM14-0203002		
Date Assigned:	12/15/2014	Date of Injury:	09/07/1982
Decision Date:	01/30/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 9/7/1982. He was diagnosed with cervical disc disorder, lumbar disc displacement with radiculopathy, and lumbago. He was treated with various medications, injections, physical therapy, and epidural catheterization. On 9/17/14, the worker was seen by his primary treating physician reporting worsening cervical spine pain with radiation to his arms, headaches, and upper back tension rated at 6/10 on the pain scale. He also reported low back pain with radiation to his legs, unchanged, and rated 8/10 on the pain scale. The medications that the worker had been using chronically (not listed in the progress note) reportedly had been helping his "symptomatology" and are "improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living." Physical examination findings included BMI 29, tenderness and spasm of cervical paraspinal muscles, positive axial loading compression test, Spurling's maneuver positive, normal sensation and strength of the upper extremities, tenderness and spasm of lumbar paraspinal muscles, normal strength of the legs, and normal reflexes of the legs/feet. A refill of his currently used medications (not listed in progress note) was recommended. He was also recommended to see a pain specialist for consideration of epidural injections as well as recommended acupuncture (previously recommended but pending authorization at the time).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Nalfon 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient evidence from the documents to suggest he required continual use of Nalfon as there was not any specific reporting that Nalfon reduced his pain and improved his function independent of his other medications. Considering also, the long-term risks associated with this medication and without sufficient evidence of benefit, Nalfon will be considered medically unnecessary to continue.

1 prescription of Omeprazole 20mg #120: 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 & cardiovascular risk Page(s): 68 and 69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to suggest he was at an increased risk of GI events, and therefore, would not be a candidate for Omeprazole, considering the evidence found in the documents provided for review. Therefore, the Omeprazole will be considered medically unnecessary.

1 prescription of Ondansetron 8mg #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 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 section, Anti-emetic use for opiod-related nausea, AND Zofran.

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. There was insufficient reporting of this worker's symptoms of nausea, cause of the nausea, and documented reasoning/justification for the choice of Ondansetron for the agent to treat it over others. Therefore, the Ondansetron will be considered medically unnecessary to continue, based on the evidence in the documents provided for review.

1 prescription for Cyclobenzaprine 7.5mg #120: 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): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, who had been using Cyclobenzaprine chronically for at least many months leading up to this request, a non-recommended use of this medication, there was no evidence to suggest the worker was experiencing an acute and temporary exacerbation of his muscle pain/spasm. Although, the worker's report of cervical muscle pain was worsening, there was no report of any particular action which caused this. Also, the request for 120 pills of Cyclobenzaprine would have been much more than recommended in the case of the provider requesting for temporary use. Also, there was insufficient evidence to show measurable functional benefit with the chronic use of Cyclobenzaprine. Therefore, considering all of the above, the Cyclobenzaprine will be considered medically unnecessary.

1 prescription for Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief,

functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there did not seem to be a complete review as outlined above for the continued use of tramadol, as this was not documented in the notes available for review. In particular, there was no specific measurable functional improvement directly related to tramadol use which would help justify its continuation. Therefore, based on the evidence found in the documents provided for review, the tramadol will be considered medically unnecessary to continue.