

Case Number:	CM14-0203837		
Date Assigned:	12/16/2014	Date of Injury:	04/19/2012
Decision Date:	02/10/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 chronic low back pain reportedly associated with an industrial injury of April 19, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve request for fenoprofen, omeprazole, and ondansetron. The claims administrator referenced an August 19, 2014, progress note in its determination. The applicant had a history of earlier lumbar fusion surgery, the claims administrator noted. In a September 17, 2014 progress note, the applicant reported persistent complaints of low back pain, exacerbated by lifting, bending, sitting, standing, and walking. 4/10 pain complaints were noted. The applicant exhibited a well-healed lumbar spine incision status post earlier spine surgery. Unspecified medications were refilled under separate cover, without any explicit discussion of medication efficacy. A bone simulator was sought while the applicant was placed off of work. On October 15, 2014, the applicant was again placed off of work, on total temporary disability. The x-rays of the lumbar spine demonstrated good hardware alignment and positioning. The applicant's pain complaints were exacerbated by sitting, standing, and walking, it was acknowledged. Medications were again refilled under separate cover, without any discussion of medication request for medication efficacy. On November 20, 2014, the applicant reported 5/10 low back pain, exacerbated by sitting, standing, walking, and bending. Physical therapy and unspecified medications were endorsed, while the applicant was placed off of work, on total temporary disability, again with little to no discussion of medication selection or medication efficacy. The applicant had earlier undergone lumbar fusion surgery on August 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as fenoprofen do represent the traditional first line of 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 recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of fenoprofen. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, walking, twisting, and bending, despite ongoing usage of fenoprofen. Several progress notes, referenced above, contained on explicit references to ongoing usage of fenoprofen. The attending provider did not incorporate any discussion of medication efficacy into several progress notes, referenced above, but, rather, simply stated that medications were being refilled under separate cover. All of the foregoing, thus, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of fenoprofen. Therefore, the request was not medically necessary.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: While pages 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, multiple progress notes, referenced above, contained no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The attending provider's progress notes, furthermore, contained little-to-no discussion of medication selection or medication efficacy. Therefore, the request was not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management 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 stipulates that an attending provider using an drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, the applicant was several months removed from the date of earlier lumbar spine surgery in August 2014, as of the date of Utilization Review Report of November 14, 2014. It was not reasonable or plausible to expect the applicant to have ongoing issues with nausea and vomiting on or around the date of the Utilization Review Report. Multiple progress notes, referenced above, furthermore, including October 15, 2014 progress report, contained no references to the applicant personally experiencing issues with nausea or vomiting. Similarly, a November 10, 2014 progress note likewise contained no references to the applicant's personally experiencing issues with nausea and/or vomiting. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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 was/is using a variety of other agents including Fenoprofen, Ondansetron, omeprazole, etc. Adding cyclobenzaprine or Flexeril 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 was not medically necessary.