

Case Number:	CM14-0206838		
Date Assigned:	12/18/2014	Date of Injury:	04/30/2010
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation 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 patient is a 62 year old female with date of injury 12/11/09. The treating physician report dated 03/20/14 indicates that the patient presents with pain affecting the neck, low back, and left forearm with numbness and weakness in the left hand/fingers. The physical examination findings reveal no tenderness in the cervical spine but trigger points in the posterior neck area were noted, restricted range of motion in the neck/cervical spine, no tenderness of the elbows, full range of motion of the hand/wrist, shoulders revealed full range of motion without tenderness and full range of motion in the lumbar spine without tenderness (16). Prior treatment history within the limited records provided includes medications and evaluations. MRI findings from 2011 reveal L2-3 2-3 mm annular tear/fissure, L3-4 5-6 mm nerve root compromise with 3-4 mm disc protrusion, L4-5 5-6 mm nerve root compromise with 3 mm anterior disc protrusion, L5-S1 3-4 mm nerve root exiting with 5-6 mm anterior disc protrusion, C4-5 5-6 mm disc extrusion, C3-4 2 mm posterior disc extrusion, C5-6 3 mm disc extrusion, and C6-7 2-3 mm disc extrusion. The current diagnoses are: 1. Cervical Spine Radiculopathy 2. Cervical Spine Disc Herniation without Myelopathy. The utilization review report dated 11/26/14 denied the request for Retrospective Omeprazole 20mg #120 x 4 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11), Retrospective Ondansetron 8mg #30 x 5 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11), Retrospective Tizanidine HCL 4mg #120 x 3 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11), and Retrospective Orphenadrine ER 100mg #120 based on medical necessity not being established and guidelines not being met (51).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #120 x 4 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11):
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): 67-69.

Decision rationale: The patient presents with pain affecting the neck, low back, and left forearm with numbness and weakness in the left hand/fingers. The current request is for Retrospective Omeprazole 20mg #120 x 4 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11). The MTUS guidelines state, "Recommended as an option for short-term symptomatic relief." In this case, in the records provided to me for review, there was not any documentation provided of when the medication was prescribed, duration of medication usage and if the patient had any subjective or functional relief with this medication. Additionally there is no documentation that the patient was having any dyspepsia during this time frame caused by NSAID usage. The MTUS guidelines for omeprazole require that the physician document GI complaints and assess the risk factors for gastrointestinal events. There is no documentation found in the records provided to support this request. Recommendation is for denial.

Retrospective Ondansetron 8mg #30 x 5 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11):
Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, low back, and left forearm with numbness and weakness in the left hand/fingers. The current request is for Retrospective Ondansetron 8mg #30 x 5 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11). 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. Recommended for acute use as noted below per FDA-approved indications. 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." In this case, there is no documentation that the patient has received chemotherapy, radiation treatment, is post-surgical or has acute gastroenteritis. The current request is not medically necessary and the recommendation is for denial.

Retrospective Tizanidine HCL 4mg #120 x 3 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the neck, low back, and left forearm with numbness and weakness in the left hand/fingers. The current request is for Retrospective Tizanidine HCL 4mg #120 x 3 refills (DOS: 10/25/11, 3/13/12, 7/5/11, 8/2/11). MTUS page 66 supports Tizanidine for low back pain, myofascial pain and for fibromyalgia for short term use. However, MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. In this case, there is no documentation that indicates this medication was prescribed for acute exacerbation to be used for short term usage. A muscle relaxant is only supported by MTUS for short term usage and the current dosage with three refills indicates long term usage. The current request is not medically necessary and the recommendation is for denial.

Retrospective Orphenadrine ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the neck, low back, and left forearm with numbness and weakness in the left hand/fingers. The current request is for Retrospective Orphenadrine ER 100mg #120. The MTUS guidelines states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, there is no documentation that indicates this medication was prescribed for acute exacerbation to be used for short term usage. A muscle relaxant is only supported by MTUS for short term usage and the current dosage with three refills indicates long term usage. The current request is not medically necessary and the recommendation is for denial.