

Case Number:	CM15-0001130		
Date Assigned:	01/26/2015	Date of Injury:	06/30/1986
Decision Date:	03/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 cumulative trauma at work between the dates June 30, 1986 through July 17, 2013. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve request for omeprazole, ondansetron, cyclobenzaprine, eszopiclone, and tramadol. The claims administrator referenced an October 29, 2014 progress note in its determination. The applicant's attorney subsequently appealed. Several of the prescriptions at issue were endorsed at various points in time, including via an RFA form dated January 21, 2015, on which fenoprofen, omeprazole, ondansetron, cyclobenzaprine, tramadol, and eszopiclone were endorsed without any explicit discussion of medication efficacy. The attending provider stated that the associated date of service was December 17, 2014. In an associated progress note dated December 17, 2014, the applicant reported ongoing complaints of low back and bilateral hip pain, 4-8/10. The applicant reported attendant difficulty to sleep. The attending provider stated that he was concurrently seeking authorization for medications under separate cover. The attending provider stated that the applicant's medications were helping but declined to elaborate further. The attending provider stated that the applicant's medications were allowing the applicant to remain working; however, the attending provider placed the applicant off of work, on total temporary disability. In a letter dated December 18, 2014, the attending provider stated that he took exception to the utilization review denial, challenging the qualifications of the previous utilization reviewer. In a progress note dated November 24, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing complaints

of hip pain, pelvic pain, and low back pain. The applicant was apparently considering a total hip arthroplasty procedure. The applicant was status post earlier lumbar fusion surgery, it was also acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #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, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia present in several progress notes of November and December 2014, referenced above. Therefore, the request was not medically necessary.

Ondansetron 8 MG ODT #30: 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 Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide: ?Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery.?

Decision rationale: While the MTUS does not specifically address the topic of ondansetron, 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 the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there is no evidence that the applicant was personally experiencing any symptoms of nausea and/or vomiting. Several progress notes of November and December 2014 contained no references to the applicant personally having experienced issues with nausea and/or vomiting. There was no mention of the applicant's having had recent cancer chemotherapy, radiation therapy, and/or surgery immediately preceding or immediately succeeding the request for ondansetron. The request, thus, as written is at odds with the FDA label. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 MG #120: Upheld

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

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 (Flexeril) to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco and several topical compounds which are also the subject of dispute. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 120-tablet supply of Flexeril 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.

Eszopiclone 1 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic.

Decision rationale: The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes. Here, the applicant received several prescriptions for eszopiclone throughout late 2014, suggesting that the attending provider and/or applicant were, in fact, intent on employing the same for chronic, long-term, and scheduled use purposes. Therefore, the request was not medically necessary.