MAXIMUS Federal Services

Case Number:	CM15-0003335		
Date Assigned:	01/14/2015	Date of Injury:	05/03/2007
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained a work related injury on 05/03/2007. According to a progress report dated 11/15/2014, the injured worker complained of constant pain in the bilateral knees, some swelling and buckling. Pain was noted to be a 7 on a scale of 1-10 and was unchanged. There was intermittent pain in the right ankle. Pain was rated a 4 and unchanged. Diagnoses included bilateral knees advanced degenerative joint disease, status post right Achilles rupture/tear with subsequent spur formation, bilateral knee anterior cruciate ligament reconstruction with resultant arthrosis and status post right knee surgery with MRI evidence of degenerative joint disease and lateral meniscus tear. On 12/12/2014 Utilization Review non-certified Fenoprofen calcium 400mg #120, Omeprazole DR 20mg #120, Ondansetron 8mg #30, Tramadol Hydrochloride ER 150mg #90 and modified Cyclobenzaprine HCL 7.5mg #120. In regard to Ondansetron, Official Disability Guidelines state that it is recommended for FDA approved indications of nausea and vomiting associated with cancer treatment, the first 24 hours following surgical anesthesia and acute gastroenteritis. The clinical information provided does not document any of these clinical indications. CA MTUS Chronic Pain Medical Treatment Guidelines recommend Cyclobenzaprine for short term use. The injured worker was a candidate for the use of Cyclobenzaprine. The request appeared to be longer than guideline recommendations and therefore was modified. In regard to Tramadol, there was no documentation of current first-line therapy or failure of first line therapy such as nonsteroidal anti-inflammatory medications and Tylenol. Opioids are recommended as first line treatment with acute exacerbations. The clinical information documents chronic pain for a prolonged

period of time which is not consistent with an acute exacerbation. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to omeprazole, the injured worker was not considered to be at high risk of gastrointestinal events. CA MTUS Chronic Pain Medical Treatment Guideline was referenced. In regards to Fenoprofen calcium, guidelines state that is should not be considered unless there is a sound medical basis for not using safer, more effective and more cost effective alternative nonsteroidal anti-inflammatory drugs. There was no such documentation in the clinical information. The decision was appealed for and Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium 400mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for fenoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested fenoprofen is not medically necessary.

Omeprazole DR 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Antiemetics

Decision rationale: Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Tramadol hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation

available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.