

Case Number:	CM15-0005630		
Date Assigned:	01/20/2015	Date of Injury:	06/17/2009
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 60-year-old female who reported injury on 06/17/2009. The mechanism of injury was not provided. The diagnostic studies and other therapies were not provided. The documentation of 11/21/2014 revealed the injured worker was prescribed fenoprofen for inflammation and pain, cyclobenzaprine for palpable muscle spasms, ondansetron for nausea associated with headaches that were present with cervical spine pain, Omeprazole for GI symptoms, Lunesta for the temporary insomnia related to the pain, and tramadol hydrochloride ER for acute severe pain. The injured worker's medications were noted to be refilled, as they were beneficial. The documentation indicated the injured worker continued taking her medications as prescribed, and the medications were helpful in curing and relieving the injured worker's symptomatology and improving the activities of daily living and making it possible for the injured worker to continue working or maintain activities of daily living. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120 1 by mouth every 12 hours as needed for upset stomach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy of the requested medication was not provided. Additionally, if the injured worker was to take 1 tablet every 12 hours as needed for upset stomach, the total would not be 120 for a 1-month supply. Given the above and the lack of documentation indicating a necessity for a 2-month supply as well as the efficacy for the requested medication, the request for Omeprazole 20mg #120 1 by mouth every 12 hours as needed for upset stomach is not medically necessary.

Ondansetron 8mg ODT #30, 1 as needed: 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), Pain, Antiemetics (for opioid nausea)

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

Decision rationale: The Official Disability Guidelines indicate that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Additionally, it is recommended for chemotherapy or postoperative pain. The clinical documentation submitted for review failed to indicate the injured worker met either 1 of the above criteria. The documentation indicated the injured worker was utilizing the medication for nausea associated with headaches. The documentation indicated the injured worker had utilized the medication previously, but the efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Ondansetron 8mg ODT #30, 1 as needed is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120 1 by mouth every 8 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had muscle spasms upon evaluation. The documentation further indicated the injured worker was utilizing the medication and it was being refilled. The efficacy was not noted. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 1 by mouth every 8 hours as needed for pain is not medically necessary.

Tramadol ER 150mg #90 once a day as needed for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, opioid dosing. Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional benefit and an objective decrease in pain. Given the above, the request for Tramadol ER 150mg #90 once a day as needed for severe pain is not medically necessary.

Eszopiclone tablets 1mg #30 at bedtime as needed for sleep: 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), Pain, Insomnia treatment

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

Decision rationale: The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy was not provided. The Official Disability Guidelines indicate that Lunesta is not recommended for long-term use; however, it is recommended for short-term use up to 7 to 10 days. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Eszopiclone tablets 1mg #30 at bedtime as needed for sleep is not medically necessary.

Fenoprofen Calcium (Nalfon) 400mg QTY: 120, 1 pill three (3) times per day for inflammatory pain: 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.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extensive period of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for Fenoprofen Calcium (Nalfon) 400mg QTY: 120, 1 pill three (3) times per day for inflammatory pain is not medically necessary.