

Case Number:	CM15-0100352		
Date Assigned:	06/02/2015	Date of Injury:	10/25/1999
Decision Date:	07/13/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49-year-old male with an industrial injury dated 10/25/1999. The injured worker's diagnoses include lumbar disc displacement. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 04/01/2015, the injured worker reported low back pain rated an 8/10 with radiation into the lower extremities. Objective findings revealed tenderness to palpitation of paravertebral muscles with spasm, positive seated nerve root test, restricted/ guarded range of motion, and tingling/numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. The treatment plan consisted of medication management and a request for chiropractic and physiotherapy modalities. The treating physician prescribed Omeprazole 20mg quantity 120, Ondansetron 8mg quantity 30 and Cyclobenzaprine/Hydrochloride tab 7.5mg quantity 120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg qty 120 1 po 12h prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition Chapter: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 one PO Q 12 hours PRN is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbar disc displacement. The RFA is dated April 29, 2015. A progress note dated April 1, 2015 subjectively states the injured worker has low back pain that radiates to the bilateral lower extremities. There are no G.I. complaints documented in the medical record. There are no comorbid conditions or past medical history compatible with history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is a separate attachment (cover letter) which states omeprazole is prescribed for G.I. symptoms. As noted above, there are no comorbid or past medical problems relating to gastrointestinal symptoms. Consequently, absent clinical documentation with comorbid conditions for G.I. related events and/or past medical history for G.I. related events, Omeprazole 20 mg #120 one PO Q 12 hours PRN is not medically necessary.

Ondansetron 8mg ODT qty 30 1 prn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Online Edition Chapter: Pain (Chronic).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg ODT #30, one PRN is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are lumbar disc displacement. The RFA is dated April 29, 2015. A progress note dated April 1, 2015 subjectively states the injured worker has low back pain that radiates to the bilateral lower extremities. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. The documentation according to a progress note dated April 1, 2015 states the injured worker has nausea associated with headaches due to chronic cervical pain. There is no history of nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. Consequently, absent clinical documentation with an appropriate clinical indication for Zofran, Ondansetron (Zofran) 8 mg ODT #30, one PRN is not medically necessary.

Cyclobenzaprine/Hydrochloride tab 7.5mg qty 120 1 po Q&H/PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #120, one PO HS and PRN is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar disc displacement. The RFA is dated April 29, 2015. A progress note dated April 1, 2015 subjectively states the injured worker has low back pain that radiates to the bilateral lower extremities. The documentation (March 30, 2015) provides a cover letter with medications. The medications did not provide specifics as they relate to the injured worker. A progress note dated April 1, 2015 subjectively states the injured worker has low back pain that radiates to the bilateral lower extremities. Objectively, there is no spasm documented in medical record. The only progress note plus cover letter with medications is dated, as noted above, March 30, 2015. There were no other medications referenced in the medical record. The start date for Flexeril is not documented in the medical record. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain. There is no documentation of an acute flare of low back pain or an acute exacerbation of chronic low back pain. Additionally, the treating provider is requesting #120 quantity of Flexeril 7.5 mg. The instructions state cyclobenzaprine 7.5 mg #120, one PO HS and PRN. The treating provider exceeded the recommended guidelines for short-term use by prescribing #120 Flexeril tablets. Consequently, absent clinical documentation with an acute exacerbation of chronic low back pain, objective evidence of muscle spasm, and excessive number of cyclobenzaprine 7.5 mg #120 in excess of the recommended guidelines for short-term use (less than 2 weeks), Flexeril 7.5 mg #120, one PO HS and PRN is not medically necessary.