

Case Number:	CM15-0100943		
Date Assigned:	06/03/2015	Date of Injury:	10/18/2012
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
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: 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 53-year-old female who sustained an industrial injury on 10/18/2012. Treatment provided to date has included: medications and acupuncture (8 approved sessions). Diagnostic tests performed include: MRI of the lumbar spine (04/09/2015) showing dextroscoliosis in the upper lumbar spine, levoscoliosis in the lower lumbar spine and multilevel 2-5mm disc bulge/protrusion/extrusion; dynamic radiographs of the lumbar spine revealed disc space height narrowing at L2-S1; and dynamic radiographic imaging of the cervical spine revealed spondylosis. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 03/24/2015, physician progress report noted complaints of pain in the low back. Pain is rated as 8 (0-10) and described as worsening, constant and stabbing, and radiates to the bilateral lower extremities. Additional complaints include headaches. The injured worker reported that current medications are beneficial and helping to relieve symptoms and improving ability to complete activities of daily living and continue working. The physical exam of the lumbar spine revealed palpable tenderness to the paravertebral musculature with spasms, positive seated nerve root test, guarded and restricted range of motion, and numbness and tingling in the lateral thigh, anterolateral and posterior leg and foot, L5 and S1 dermatomal patterns. The provider noted diagnoses of lumbar disc disorder and lumbosacral neuritis. Plan of care includes continued medications (Nalfon, Prevacid, ondansetron, cyclobenzaprine HCL, tramadol ER, and sumatriptan succinate), follow-up with neurologist, and request for MRI of the lumbar spine and MRI of the head, and request for acupuncture. The injured worker was noted to be permanently partially disabled but continued working full time. Requested treatments include: medications: Nalfon, Prevacid, ondansetron, cyclobenzaprine HCL, tramadol ER, and sumatriptan succinate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg 1 pill TID #120: Upheld

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

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

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without objective evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Fenoprofen Calcium (Nalfon) 400mg 1 pill TID #120 is not medically necessary.

Lansoprazole (Prevacid) delayed- release capsules 30mg #30 one PO 12H PRN: 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 & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. Furthermore, with the medical necessity for ongoing use of NSAIDs for this injured worker not established, Lansoprazole is not indicated. The request for Lansoprazole (Prevacid) delayed- release capsules 30mg #30 one PO 12H PRN is not medically necessary per MTUS guidelines.

Ondansetron 8mg ODT #30, one PRN, no more than 2/day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. The request for Ondansetron 8mg ODT #30, one PRN, no more than 2/day, is not medically necessary per guidelines.

Cyclobenzaprine Hydrochloride 7.5mg 1 PO Q8H PRN #120: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine Hydrochloride 7.5mg 1 PO Q8H PRN #120 is not medically necessary per MTUS guidelines.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting

analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol ER. With MTUS guidelines not being met, the request for Tramadol ER 150mg once a day as needed #90 is not medically necessary.

Sumatriptan Succinate 25mg #9 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: ODG recommends Triptans for treatment of migraine headaches. Documentation provided indicates that that injured worker is being treated for headaches. Until further diagnostic evaluation is completed and additional medication therapy, including preventative or maintenance therapy, is instituted for this injured worker's headaches, the continued use of Sumatriptan on as needed basis is reasonable and appropriate. The request for Sumatriptan Succinate 25mg #9 with two refills is medically necessary per guidelines.