MAXIMUS Federal Services

Case Number:	CM15-0102891		
Date Assigned:	06/05/2015	Date of Injury:	04/10/2013
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: Connecticut, California, Virginia
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 injured worker is a year old female who reported an industrial injury on 4/10/2013. Her diagnoses, and/or impressions, are noted to include: lumbar discopathy; right lower extremity radiculopathy versus right greater trochanteric bursitis. Current lumbar spine x-rays were said to be done on 3/25/2015, revealing mild spondylosis; no current imaging studies are noted. Her treatments have included intra-muscular injection therapy with vitamin B-12 and Marcaine; mediation management; and rest from work. The progress notes of 3/25/2015 reported an orthopedic re-evaluation with complaints that included intermittent, dull, moderate and unchanged hip pain, aggravated by activity. Objective findings were noted to include no acute distress; tenderness, and spasms, over the lumbar para-vertebral muscles, with positive seated nerve root test, guarded and restricted range-of-motion, tingling and numbness in the thighs / legs / feet; as well as tenderness in the postero-lateral region of the hips, with non-painful range-of-motion. The physician's requests for treatments were noted to include the continuation of Fenoprofen Calcium, Lansoprazole, Ondansetron, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

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

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, 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. The main concern for drug selection is based on risk of adverse effects. In this case, Utilization Review denied the request due to lack of evidence to support functional improvement on the drug, indicating the risk of continued use likely outweighs the benefit. Given the provided records and guidelines, the non-certification is reasonable and therefore the treatment is not medically necessary.

Lansoprazole (Prevacid) DR 30mg #120: Upheld

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

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

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case the there is no documentation of functional improvement to support continued NSAID treatment. In this case, the recent note (March 2015) does not include evidence of GI complaints, and there is no evidence of objective abdominal exam, etc. In a patient with chronic use of NSAIDs, if there is a history of GI disturbance, close follow up is indicated. Given the provided records and guidelines / recommendations, the decision by UR to non-certify this request appears reasonable, and therefore, the request is not medically necessary.

Ondansetron 8mg #30: 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 Procedure Summary, Online Version, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, antiemetics for opioid nausea.

Decision rationale: This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The ODG does not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. In this case, it appears that the patient has chronic concerns of nausea that should not be treated with Zofran. Based on the provided records and the guidelines, the request for Zofran is not medically necessary at this time.

Cyclobenzaprine HCL 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Online Version, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on the drug previously makes the decision to modify per utilization review reasonable. Therefore, the initial request for cyclobenzaprine is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids for Chronic Pain Page(s): 76-80, 80-82, 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request at this time. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Tramadol is not medically necessary.