

Case Number:	CM15-0108603		
Date Assigned:	07/06/2015	Date of Injury:	06/30/2002
Decision Date:	08/25/2015	UR Denial Date:	05/12/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 50- year old male who sustained an industrial injury on 06/30/2002. The injured worker was diagnosed with failed back surgery syndrome, lumbar facet arthropathy and lumbar radiculopathy. The injured worker is status post microdiscectomy L5-S1 in 2003. Treatment to date has included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) and electrodiagnostic studies in December 2014, surgery, epidural steroid injections, Depo Medrol intramuscularly, physical therapy and medications. According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience low back pain radiating to the left lower extremity. The injured worker rates his pain level at 8-9/10 with increased activity. Examination of the lumbar spine demonstrated decreased range of motion in all planes with two plus pain on extension, left lateral and left rotation. There was pain on the spinous processes of L4-5 and L5-S1 at the midline and muscle spasm from L2 to L5. There was pain on palpation of the lumbar facets of L3-4, L4-5 and L5-S1 greater on the left than right side with positive facet loading more on the left. Straight leg raise and Lasegue were negative with a positive Patrick Fabere's test positive on the left. Motor strength was 5/5 in the lower extremities with normal deep tendon reflexes and sensation to light touch. Current medications are listed as Tramadol, Cyclobenzaprine, Fenoprofen Calcium and Eszopiclone. Treatment plan consists of a transforaminal epidural steroid injection, physical therapy and the current request for Tramadol, Cyclobenzaprine, Lansoprazole DR and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole DR Cap 30mg #120, 1 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 Page(s): 68-73.

Decision rationale: MTUS Guidelines state that proton pump inhibitors (PPI) like Lansoprazole are recommended in patients taking NSAIDs who have associated dyspepsia or are at risk for adverse GI events. Within the documentation submitted, there is no evidence of dyspepsia or increased risk for GI events. Therefore, the request is deemed not medically necessary or appropriate.

Ondansetron 8mg ODT #30, one prn: 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 Chapter.

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).

Decision rationale: CA/MTUS does not specifically address Ondansetron. The ODG states that it is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatments. It is also indicated for post-operative use. In this case, the patient is being prescribed the medication for nausea associated with headaches, which is not an approved usage. Therefore, the request is not medically necessary or appropriate.

Cyclobenzaprine Hydrochloride tab 7.5mg #120, one PO Q8/H PRN: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that Flexeril is recommended for short-term therapy (maximum 2-3 weeks). It should not be continued in the absence of functional benefit. In this case there is no documentation as to how long the patient has been taking Flexeril. There is no documentation of functional benefit from the Flexeril. The request is for #120 tablets, or a six week supply at the maximum recommended frequency of three times daily. This exceeds the recommendation for short-term therapy and the request is thus deemed not medically necessary or appropriate.

Tramadol ER 150mg #90, OD prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: Tramadol is a synthetic opioid indicated for the moderate to severe neuropathic pain. The MTUS states in regard to continuing opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines state, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS requires the treating physician to assess and document for functional improvement with treatment intervention. In this case, the submitted records do not document evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request is therefore not medically necessary or appropriate.