

Case Number:	CM15-0010647		
Date Assigned:	01/28/2015	Date of Injury:	06/26/2011
Decision Date:	04/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Pediatrics, 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 34-year-old male, with a reported date of injury of 06/26/2011. Following the incident the IW complained of low back pain and left elbow pain. Treatments have included an x-ray of the lumbar spine, physical therapy, chiropractic care, acupuncture. The progress report dated 11/24/2014 indicates that the injured worker had constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking several blocks. There was radiation of pain into the lower extremities. He rated his pain 6 out of 10. The objective findings included some cellulitis and erythema around the surgical and staple sites on the lumbar spine, no neurologic deficit in the lower extremities, and grossly intact neurovascular status in the lower extremities. The treating physician refilled the injured worker's medications, and indicated that the injured worker was benefiting from taking the medications, the medications were helping in curing and relieving the injured worker's symptomatology, the medications were improving the injured worker's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. On 12/24/2014, Utilization Review (UR) denied the request for Omeprazole 20mg #120, Ondansetron 8mg ODT #30, Cyclobenzaprine Hydrochloride 7.5mg #120, Eszopiclone 1mg #30; and modified the request for Levofloxacin 750mg #30, Tramadol ER 150mg #90, and Fenopropfen Calcium (Nalfon) 400mg #120. The UR physician noted that ongoing use of Fenopropfen would depend on effectiveness and an ongoing need; there was no documentation of a high risk of gastrointestinal complications; no indication of postoperative nausea and/or vomiting and no rationale for prophylactic use of Ondansetron; there was documentation of long-term use of cyclobenzaprine which is not supported by the guidelines; no documentation of quantifiable pain relief and functional improvement, appropriate medication use, lack of abnormal behaviors, and lack of intolerable side effects; no documentation of a

description of the injured worker's insomnia complaints and failure of non-pharmacological management prior to the consideration of Eszopiclone; and documentation of some cellulitis and erythema around the surgical and staple sites. The MTUS Chronic Pain Guidelines, Non-MTUS Official Disability Guidelines, Non-MTUS www.drugs.com, and MTUS ACOEM Guidelines were cited.

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, one (1) pill TID Inflammatory Pain: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 311-315.

Decision rationale: Per ACOEM guidelines, after surgery on the low back comfort options such as acetaminophen, NSAIDS, muscle relaxants and opiates are recommended in addition to physical activity. The IW resumed fenoprofen after surgery to minimize inflammation. The request is medically necessary and appropriate at this time.

Omeprazole 20mg #120 one (1) PO Q12H PRN Upset Stomach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs), Osteoarthritis (including knee & hip), and NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There are no notations of risk factors for GI side effects in the progress notes. This request is not medically necessary and appropriate

Ondansetron 8mg ODT #30 one (1) PRN Upset Stomach/Cramping/Nausea. No More Than Two 2/day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/Ondansetron-odt.html>.

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

Decision rationale: MTUS does not comment on the use of antiemetics in chronic pain. ODG guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. As the IW is not receiving chemotherapy or radiation this request is not medically necessary and appropriate at this time.

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120 one (1) PO Q8H PRN Pain and Spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 311-315.

Decision rationale: Per ACOEM guidelines, after surgery on the low back comfort options such as acetaminophen, NSAIDS, muscle relaxants and opiates are recommended in addition to physical activity. The IW resumed cyclobenzaprine after surgery to minimize inflammation. The progress note dated November 25, 2014 does not note any muscle spasm. The request is not medically necessary and appropriate at this time.

Tramadol ER 150mg #90 once a day as needed for Severe Pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 311-315.

Decision rationale: Per ACOEM guidelines, after surgery on the low back comfort options such as acetaminophen, NSAIDS, muscle relaxants and opiates are recommended in addition to physical activity. The IW resumed tramadol after surgery to manage severe pain. The request is medically necessary and appropriate at this time.

Eszopiclone 1mg #30 one (1) 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 Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Insomnia Treatment.

Decision rationale: MTUS does not comment on use of medication for insomnia. ODG states that insomnia treatment is recommend and that treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. There is no documentation of basis of sleep disorder or symptoms relating to such disturbance. This request is not medically necessary and appropriate at this time.

Levofloxacin 750mg #30 Once a Day for Seven Days After Surgery to Avoid Infection:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/Levaquin.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Cellulitis Treatment.

Decision rationale: MTUS does not comment on the use of antibiotics. ODG states that for cellulitis antibiotics are recommended. Cellulitis is a common, potentially serious bacterial skin infection, entering the skin usually via a cut or abrasion. This request is medically necessary and appropriate.