

Case Number:	CM15-0139278		
Date Assigned:	07/29/2015	Date of Injury:	08/17/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts

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 64 year old female, who sustained an industrial injury on August 17, 2011. The initial diagnosis and symptoms experience, by the injured worker, were not included in the documentation. Treatment to date has included physical therapy, medication and home exercise program. Currently, the injured worker complains of constant, sharp cervical spine pain that radiates into the upper extremities and is associated with migraine type headaches and tension between her shoulder blades. The pain is aggravated by repetitive neck motions, pushing, pulling, lifting, forward reaching and working at or above her shoulders and is rated at 7 on 10. She reports constant, throbbing right shoulder pain. The pain is aggravated by forward reaching, lifting, pushing, pulling and working at or above her shoulder level and is rated at 8 on 10. She has frequent, throbbing bilateral wrist pain that is rated 7 on 10. It is aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting. She reports constant, sharp low back pain that radiates to her lower extremities. The pain is aggravated by bending, lifting, twisting, pushing, pulling prolonged sitting, standing and walking and is rated at 7 on 10. She has frequent, throbbing bilateral knee pain rated at 7 on 10. The pain is aggravated by squatting, kneeling, negotiating stairs, prolonged walking and standing. The injured worker is diagnosed with cervical-lumbar discopathy. Her work status is modified duty. A physical therapy note dated April 30, 2015 states the injured worker completed 90% therapy plan and modalities. In a note, dated May 18, 2015, it states there is pain and tenderness to palpation noted in the bilateral knees, bilateral wrists, right shoulder, lumbar and cervical spine. The not further states there are spasms noted in the lumbar and cervical spine. The following medications, Lansoprazole

(Prevacid) DR 30 mg 1 tablet every 12 hours as needed #120 (for gastric upset), Ondansetron 8 mg ODT #30 (for nausea related to migraine like headaches) and Cyclobenzaprine HCL 7.5 mg 1 every 8 hours as needed #120 (for pain and muscle spasms) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) DR 30mg; 1 q12hrs prn #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is clinically necessary for the following reasons: there is evidence of medication related gastritis documented in the clinic record and the patient is at increased risk of gastritis due to prolonged long-term use of NSAIDs. According to CA MTUS guidelines proton pump inhibitor is appropriate if the patient has one of the following risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that a first line agent such as omeprazole first be attempted, which according to the medical records was first attempted. Considering documented symptoms and risk factors, the medication does appear to be clinically necessary at this time.

Ondansetron 8mg ODT #30: Upheld

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

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

Decision rationale: According to ODG guidelines, ondasetron is an FDA approved medication for acute use following surgery or chemotherapy. The medication is not recommended for long term use in medication or pain related nausea or vomiting. Therefore considering these guidelines and the reviewed medical records indicating that the medication is used to control headache and pain related nausea, this medication is not considered medically necessary at this time.

Cyclobenzaprine HCL 7.5mg 1 q8hrs prn #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.