

Case Number:	CM15-0140118		
Date Assigned:	07/29/2015	Date of Injury:	10/06/2003
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 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 applicant is a represented 50-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 6, 2003. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for Prevacid, Zofran, Flexeril, tramadol, and Lunesta. The claims administrator referenced a May 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 25, 2015, the attending provider seemingly sought retrospective authorization for medication prescribed on May 21, 2015, including Relafen, Prevacid, Zofran, Flexeril, tramadol, and Lunesta. On said May 21, 2015 progress note, the applicant reported, worsening low back pain, exacerbated by walking multiple blocks, sitting, pushing, and pulling. The applicant was not significantly unchanged, the treating provider acknowledged. Updated lumbar MRI imaging was sought. The applicant had had two epidural steroid injections in the past, it was reported. The attending provider stated that he was refilling unspecified medications under separate cover. No seeming discussion of medication efficacy transpired. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: No, the request for Prevacid, a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prevacid are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the May 21, 2015 office visit at issue. 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, Pain (Chronic), Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for ondansetron (Zofran), an antiemetic medication, is likewise not medically necessary, medically appropriate, or indicated here. Ondansetron (marketed as Zofran). Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not clearly state for what issue, diagnosis, and/or purpose ondansetron (Zofran) had been prescribed. While the Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, the May 21, 2015 progress note made no mention of the applicant's personally experiencing any issues with nausea or vomiting as of that date. There was no mention of the applicant having had recent cancer chemotherapy, radiation therapy, and/or surgery on or around that date. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Zofran, tramadol, Lunesta, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tramadol, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant had seemingly returned to work, the attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage, referenced above. The May 21, 2015 progress note did not incorporate any discussion of medication selection and/or medication efficacy. Medications, including Tramadol, were seemingly refilled without any discussion of medication efficacy. Therefore, the request is not medically necessary.

Eszopiclone 1mg #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, Pain (Chronic): Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: Finally, the request for eszopiclone (Lunesta), a sleep aid, is likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy

of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the May 21, 2015 progress note at issue made no mention of the applicant having any issues with insomnia for which short-term usage of Lunesta is recommended, per ODG's Mental Illness and Stress Chapter Eszopiclone topic. It is further noted that the 30-tablet refill supply of eszopiclone (Lunesta) does seemingly represent usage of Lunesta for long-term use purposes, i.e., usage which runs counter to the ODG position on usage of Lunesta. Therefore, the request is not medically necessary.