

Case Number:	CM15-0140571		
Date Assigned:	07/30/2015	Date of Injury:	09/30/2013
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
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 55-year-old who has filed a claim for chronic neck, shoulder, low back, hip, knee, and foot pain with derivative complaints of headaches reportedly associated with an industrial injury of September 30, 2013. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve requests for Prevacid, Zofran, Flexeril, Tramadol, and Lunesta. The claims administrator referenced a June 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg. Ancillary complaints were reported. 6-7/10 low back pain complaints were reported. The applicant was using a cane to move about. The applicant's ability to perform activities of daily living was limited secondary to pain, it was reported. An epidural steroid injection was endorsed. The applicant was asked to continue using gabapentin. No seeming discussion of medication efficacy transpired. The applicants complete medication list and work status were not detailed. The applicant had developed derivative complaints of anxiety and depression, it was acknowledged. On June 4, 2015, the applicant reported multifocal complaints of neck, wrist, shoulder, hip, knee, and foot pain, 6-8/10. The applicant's pain complaints were characterized as severe and sharp, exacerbated by lifting, pushing, pulling, standing, walking, and negotiating stairs. Work restrictions were endorsed. The attending provider stated that he was renewing unspecified medications under separate cover. No seeming discussion of medication efficacy transpired on this date. On an order form dated July 2, 2015, several topical compounded medications were endorsed through an order form which employed pre-printed checkboxes. The attending provider did not furnish a rationale for those or other medications. On multiple other dates, including on July 3, 2014, the attending

provider again stated that he was prescribing various medications under separate cover, without any seeming discussion of medication efficacy. On July 2, 2015, a lumbar fusion surgery was sought. Work restrictions and unspecified medications were renewed, once again, under separate cover without seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg (Lansoprazole DR Capsules) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & 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, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of proton pump inhibitors such as Prevacid 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 multiple office visits, including June 4, 2015. Therefore, the request was not medically necessary.

Ondansetron ODT 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 Chapter, Ondansetron (Zofran), Antiemetics (for opioid nausea).

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) was 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 attending provider's June 4, 2015 progress note made no mention of the claimant's using Zofran. It was not clearly stated for what issue, diagnosis, and/or purpose ondansetron (Zofran) had been prescribed. Said June 4, 2015 progress note contained no reference to the claimant's active medication list. While the Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, there was no mention of the applicant's having had cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine.

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

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was 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 Lunesta, tramadol, Zofran, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 120-tablet supply of cyclobenzaprine 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 was not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for neuropathic pain.

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

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise 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 it was suggested that the applicant had in fact returned to work, multiple progress notes, referenced above, including the June 4, 2015 progress note at issue made no mention of medication structure or medication efficacy. No explicit references to tramadol usage were made on that date or on previous dates. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Eszopiclone (Lunesta) 1mg (CIV) #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 Chapter, Mental Illness & Stress Chapter, Eszopiclone (Lunesta), 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) Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: Finally, the request for eszopiclone (Lunesta), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use

purposes. Here, however, the 30-tablet supply of Lunesta at issue, in and of itself, suggested chronic, long-term, and/or nightly usage of the same, i.e., usage in excess of the ODG recommendation. Therefore, the request was not medically necessary.