

Case Number:	CM15-0141568		
Date Assigned:	07/31/2015	Date of Injury:	01/05/2013
Decision Date:	09/15/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial injury on 1.5.13. The mechanism of injury was unclear. He currently complains of constant pain in the cervical spine that was aggravated by repetitive motion with radiation into the upper extremities; headaches, migrainous in nature and tension between the shoulder blades (8 out of 10 pain level); constant low back pain with radiation to the lower extremities (8 out of 10); constant bilateral shoulder pain (7 out of 10). On physical exam of the cervical spine there was palpable paravertebral muscle tenderness and spasm, positive axial loading test, positive Spurling's maneuver, limited range of motion, numbness and tingling into the lateral forearm and hand; the lumbar spine reveals palpable muscle tenderness with spasm, positive seated nerve root test, range of motion was guarded and restricted; exam of the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space, positive Hawkin's and impingement signs, reproducible symptomatology with range of motion. Medications were not specifically identified in the documents presented for review. Diagnoses include cervicalgia, joint derangement, shoulder; lumbago. Diagnostics include MRI of the right shoulder (2.10.15) showing tendinosis, osteoarthritis; MRI of the left shoulder (2.10.15) showing osteophyte formation, tendinosis, tear of superior glenoid labrum; MRI of the lumbar spine (4.10.15) showing congenital canal stenosis. In the progress note dated 6.1.15 the treating provider's plan of care includes refilling medications under a separate cover letter. On 7.9.15 Utilization Review evaluated requests for lansoprazole delayed release capsules 30 mg #120; ondansetron 8 mg #30; cyclobenzaprine hydrochloride 7.5 mg #120; tramadol ER 150mg #90. Notes indicate that the medications are improving the patient's symptoms, he is using them as directed, and they improve activities of daily living allowing the patient to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) delayed-release capsules 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Lansoprazole (Prevacid) 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 Chapter.

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

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Tramadol ER 150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol ER 150mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Tramadol ER 150mg #90 is medically necessary.