

Case Number:	CM15-0142530		
Date Assigned:	08/03/2015	Date of Injury:	05/10/2012
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

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 64 year old male with an industrial injury dated 05-10-2012. His diagnoses included status post posterior lumbar interbody fusion lumbar 3 to lumbar 5, symptomatic retained lumbar hardware, right shoulder impingement syndrome and internal derangement-bilateral hips. Prior treatment included injection into the right subacromial space, diagnostics, surgery and medications. He presents on 05/21/2015 with constant pain in right shoulder rated as 8 out of 10. He noted significant sleep difficulties due to pain. The injured worker had right side hardware-related pain with intermittent pain in the low back on the right side. She also noted frequent pain in bilateral hips. Physical exam of right shoulder noted tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were positive. Exam of the lumbar spine revealed tenderness at the right lumbar paravertebral muscles. There was pain and tenderness in the anterior and posterior region of the right hip and to a lesser extent on the left side. The provider documents the injured worker was still awaiting authorization for right shoulder surgery. The provider noted the injured worker would continue taking the appropriate pharmacological agents for symptomatic relief. The following requests were authorized: Eszopiclone tablets 1 mg #30; Nabumetone (Relafen) 750 mg #120; Tramadol ER 150 mg #90The following treatment requests are for review: Cyclobenzaprine Hydrochloride tab 7.5 mg #120; Lansoprazole (Prevacid) Delayed capsules 30 mg #120; Ondansetron 8 mg ODT #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) Delayed capsules 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in May 2012 and is being treated for right shoulder, bilateral hip, and low back pain. When seen, review of systems and his past medical history were unchanged from the initial evaluation in February where there was a history of thyroid dysfunction. Physical examination findings included a BMI of over 32. There was lumbar, shoulder and hip tenderness with painful hip range of motion. There was positive shoulder impingement testing. There was pain at the end of lumbar range of motion. Medications were refilled including tramadol, flexeril, and ondansetron on a long-term basis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prevacid (lansoprazole) was not medically necessary.

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 Official Disability Guidelines (ODG), Pain - Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant sustained a work-related injury in May 2012 and is being treated for right shoulder, bilateral hip, and low back pain. When seen, review of systems and his past medical history were unchanged from the initial evaluation in February where there was a history of thyroid dysfunction. Physical examination findings included a BMI of over 32. There was lumbar, shoulder and hip tenderness with painful hip range of motion. There was positive shoulder impingement testing. There was pain at the end of lumbar range of motion. Medications were refilled including tramadol, flexeril, and ondansetron on a long-term basis. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed tramadol, there is no history of opioid induced nausea. The use of this medication was not medically necessary.

Cyclobenzaprine Hydrochloride tab 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in May 2012 and is being treated for right shoulder, bilateral hip and low back pain. When seen, review of systems and his past medical history were unchanged from the initial evaluation in February where there was a history of thyroid dysfunction. Physical examination findings included a BMI of over 32. There was lumbar, shoulder and hip tenderness with painful hip range of motion. There was positive shoulder impingement testing. There was pain at the end of lumbar range of motion. Medications were refilled including tramadol, flexeril, and ondansetron on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.