

Case Number:	CM15-0143837		
Date Assigned:	08/04/2015	Date of Injury:	01/14/2014
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, Illinois

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 51-year-old female who sustained a work related injury January 14, 2014. An MRI of the lumbar spine performed March 9, 2014, demonstrated disc desiccation L3 through S1; small annular tear at L5-S1 with mild bilateral arthropathy at this level; L4-L5 mild to moderate right and mild left neuroforaminal narrowing with mild central canal narrowing; L3-L4 small central protrusion with mild central canal stenosis. According to a secondary treating physician's progress report, dated June 11, 2015, the injured worker presented with complaints of chronic bilateral low back pain, right greater than left with radiating pain to the bilateral lower extremities with numbness tingling and mild heaviness on the left. She reports mild relief after a transforaminal lumbar epidural steroid injection May 18, 2015. Over the course of care, she had been treated with physical therapy, anti-inflammatory and muscle relaxants. Objective findings included; positive straight leg raise at 40 degrees on the right and range of motion of the spine is limited secondary to pain. Sensation to light touch is decreased on the left, in the lateral thigh. Diagnoses are low back pain; lumbar disc displacement; lumbar radiculopathy. Treatment plan included counseling on medication dosage and usage, continue therapeutic exercises and at issue, a request for authorization for Nabumetone, Lansoprazole, Ondansetron, Cyclobenzaprine Hydrochloride, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #150, prescribed 6/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-81.

Decision rationale: The injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement; lumbar radiculopathy Treatments have included physical therapy, anti-inflammatory and muscle relaxants. The medical records provided for review do not indicate a medical necessity for: Nabumetone (Relafen) 750mg #150, prescribed 6/8/15. Nabumetone (Relafen) is an NSAID. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS recommends monitoring individuals on NSAIDs for an extended time with blood count, kidney and liver functions. The Medical records indicate the injured worker has been on NSAIDs at least since 04/3014, but with no overall improvement. There is no indication she is being monitored as recommended above. This request is not medically necessary.

Lansoprazole (Prevacid) delayed release 30mg #120, prescribed 6/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68.

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

Decision rationale: The injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement; lumbar radiculopathy Treatments have included physical therapy, anti-inflammatory and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Lansoprazole (Prevacid) delayed release 30mg #120, prescribed 6/8/15. Lansoprazole (Prevacid) is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin , corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker belongs to any of the above groups, besides the NSAID has been determined to be not medically necessary.

Ondansetron 8mg ODT #30, prescribed 6/8/15: 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 Chapter (updated 06/15/15) - Online Version, 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 (for opioid nausea).

Decision rationale: The injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement; lumbar radiculopathy Treatments have included physical therapy, anti-inflammatory and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg ODT #30, prescribed 6/8/15 Ondansetron 8mg. The MTUS is silent on this, but the Official Disability Guidelines states that it is not recommended for chronic opioid use, but recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use, and for gastroenteritis. The Official Guidelines is silent on its use for nausea and vomiting related to headaches, as was stated in the medical records. There were no other guidelines found that recommended it for nausea and vomiting from headaches. This request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120, prescribed 6/8/15: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement; lumbar radiculopathy Treatments have included physical therapy, anti-inflammatory and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hydrochloride 7.5mg #120, prescribed 6/8/15. The MTUS recommends the use of the non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a muscle relaxant with dosing recommendation of 5-10 mg three times a day for 2-3 weeks. The records indicate the injured worker has been using this medication for a long time and has exceeded the recommended duration of treatment. This request is not medically necessary.

Tramadol ER 150mg #90, prescribed 6/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of low back pain; lumbar disc displacement; lumbar radiculopathy Treatments have included physical therapy, anti-inflammatory and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg #90, prescribed 6/8/15. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long term in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and

aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on long-term use of opioids with no overall improvement. The injured worker is not properly monitored for pain control, activities of daily living, adverse effect and aberrant behavior. This request is not medically necessary.