

Case Number:	CM15-0146670		
Date Assigned:	08/07/2015	Date of Injury:	05/06/2003
Decision Date:	09/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 67 year old male, who sustained an industrial injury on May 6, 2003. The injured worker was diagnosed as having lumbar discopathy-radiculopathy. Treatment to date has included medication. A progress note dated May 19, 2015 provides the injured worker complains of low back pain rated 5 out of 10 and unchanged. Physical exam notes tenderness to palpation and spasm of the lumbar area with guarded decreased range of motion (ROM) and positive seated nerve root test. Review of X-rays revealed spondylosis. There is a request for Relafen, Prevacid and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg quantity 120: Overturned

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 5/10. The patient's date of injury is 05/06/03. Patient has no documented surgical history directed at this complaint. The request is for Nabumetone (Relafen) 750MG, quantity 120. The RFA was not provided. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar paravertebral musculature with spasms noted, positive seated nerve root test, and reduced lumbar range of motion. The patient is currently prescribed Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Lunesta. Patient is currently classified as permanently partially disabled. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to Relafen for this patient's chronic lower back pain, the request is appropriate. An addendum progress note dated 6/18/15 notes that this is the initiating prescription of this medication. There is no evidence in the reports provided that this patient has been prescribed Relafen to date. Given the conservative nature of this medication and the lack of utilization to date, the use of this medication is substantiated. The request is medically necessary.

Lansoprazole (Prevacid) 30mg quantity 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 5/10. The patient's date of injury is 05/06/03. Patient has no documented surgical history directed at this complaint. The request is for Lansoprazole (Prevacid) 30MG, quantity 120. The RFA was not provided. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar paravertebral musculature with spasms noted, positive seated nerve root test, and reduced lumbar range of motion. The patient is currently prescribed Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Lunesta. Patient is currently classified as permanently partially disabled. MTUS Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI, PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to Prevacid, the treater has not provided a reason for the request. An addendum progress note dated 6/18/15 notes that this is the initiating prescription of this medication. However, there is no discussion of GI upset secondary to NSAID utilization in the past, or an appropriate GI assessment included in the initiating progress note. Without evidence of prior dyspepsia, complaints of current GI upset, or an indication that this patient suffers from any gastrointestinal disorders, the request cannot be substantiated. The request is not medically necessary.

Ondansetron 8mg quantity 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, Anti-emetics.

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) chapter, under Anti-emetics (for opioid nausea).

Decision rationale: The patient presents on 05/19/15 with lower back pain rated 5/10. The patient's date of injury is 05/06/03. Patient has no documented surgical history directed at this complaint. The request is for Ondansetron 8MG, quantity 30. The RFA was not provided. Physical examination dated 05/19/15 reveals tenderness to palpation of the lumbar paravertebral musculature with spasms noted, positive seated nerve root test, and reduced lumbar range of motion. The patient is currently prescribed Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, and Lunesta. Patient is currently classified as permanently partially disabled. Official Disability Guidelines, Pain (Chronic) chapter, under Anti-emetics (for opioid nausea) has the following: Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In regard to Zofran, this patient does not meet guideline criteria for such a medication. An addendum progress note dated 6/18/15 notes that this is the initiating prescription of this medication, and states that it is being prescribed to this patient for nausea secondary to cervicogenic headaches. Guidelines support medications of this class for patients undergoing chemotherapy, or as a post-operative measure. It is not clear from the records provided whether this patient is post-operative or currently undergoing any chemotherapy or radiation. Without documentation of a condition for which the use of this medication is considered appropriate, the request cannot be substantiated. The request is not medically necessary.