

Case Number:	CM15-0149437		
Date Assigned:	08/12/2015	Date of Injury:	03/26/2011
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 with an industrial injury dated 03-26-2011 (cumulative trauma 03-26-2011-02-03-2012). Her diagnoses included status post lumbar 3-4 (360) lumbar arthrodesis with subsequent removal of hardware, junctional level pathology lumbar spine with facet arthropathy and cervical discopathy - cervicalgia. Prior treatment included lumbar spine epidural injection, physical therapy, diagnostics and medications. She presents on 05-27-2015 with complaints of constant severe pain in the cervical spine with radiation into upper extremities. There are associated headaches. She rated the pain as 8 out of 10. She notes significant sleep difficulties due to her pain. Physical exam noted palpable paravertebral muscle tenderness with spasm. Axial loading compression test was positive. Lumbar incision was well healed with pain and tenderness. Treatment at the office visit included Vitamin B 12 and of Toradol. In the 02-04-2015 note her medications are listed as Flexeril, Oxycodone, Atenolol and medication for high cholesterol. This request is for: Tramadol ER 150 mg #90; Ondansetron 8 mg #30; Lansoprazole (Prevacid) delayed release 30 mg #120; Cyclobenzaprine Hydrochloride 7.5 mg #120;

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea), Ondansetron.

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

Decision rationale: The request is not considered medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient was prescribed ondansetron for nausea due to headaches from neck pain. This does not fit guidelines or indications as per FDA. Therefore, the request is considered not medically necessary.

Cyclobenzaprine Hydrochloride 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on opioid as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There is no objective evidence of functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications, Tramadol Page(s): 78-80, 93-64, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased her pain. There was no documentation of functional improvement. There is no documentation all of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning,

and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Tramadol is not a first-line opioid as well. Because of these reasons, the request for Tramadol is considered medically unnecessary

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI--NSAIDS, GI effects.

Decision rationale: The request for prevacid is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications", all of which did not apply to the patient. The patient's NSAID would not be certified. PPIs carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for Prevacid is not medically necessary.