

Case Number:	CM15-0046946		
Date Assigned:	03/19/2015	Date of Injury:	09/18/2013
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/12/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 42-year-old male sustained an industrial injury on 9/18/13. He subsequently reported low back pain. Diagnostic testing has included an EMG study and an MRI. Diagnoses include lumbar discopathy with radiculitis and bilateral hip internal derangement. Treatments to date have included physical therapy, injections and prescription pain medications. The injured worker continues to experience increasing low back pain. There were objective findings of lumbar paraspinal muscle tenderness and decreased sensation of L4-L5 dermatomes. A request for Ondansetron ODT (orally disintegrating tablets) 8 mg Qty 30, Cyclobenzaprine Hydrochloride 7.5 mg Qty 120, Tramadol Hydrochloride ER (extended release) 150 mg Qty 90 and Eszopiclone (Lunesta) 1 mg Qty 30 was made by the treating physician. A Utilization Review determination was rendered recommending Ondansetron ODT 8mg #30, Cyclobenzaprine HCL 7.5mg #120, Tramadol HCL ER 150mg #90 and Eszopiclone (Lunesta) 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT (orally disintegrating tablets) 8 mg Qty 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 - Antiemetics for Opioid Nausea.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiemetic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Ondansetron can be utilized for the treatment of chemotherapy-induced emesis and in acute care, acute migraine or perioperative treatment of nausea and vomiting. The nausea and vomiting associated with chronic opioid treatment is self-limiting. The guidelines did not recommend routine chronic use of anti-emetic medications. The records indicate that ondansetron is being utilized longer than the guidelines recommended short-term period of less than 1 week. There is no documentation of continual indicate for the use of chronic antiemetic medication. The criteria for the use of Ondansetron ODT 8mg #30 were not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg Qty 120: 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 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient had utilized cyclobenzaprine longer than the maximum guidelines recommended period of 4 to 6 weeks. There is no documentation of compliance monitoring with UDS and functional restoration. The criteria for the use of cyclobenzaprine HCL 7.5mg #120 were not medically necessary.

Tramadol Hydrochloride ER (extended release) 150 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction; opioids induced hyperalgesia and adverse interaction with other sedatives. The use of Tramadol is associated with decreased incidence of these adverse effects than pure opioid agonists. The records indicate that the patient reported efficacy and functional restoration with the use of Tramadol. There is no documentation of opioids related adverse drug effects. The criteria for the use of Tramadol HCL ER 150mg #90 were medically necessary.

Eszopicione (Lunesta) 1 mg Qty 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 - Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedatives and hypnotics medications be limited to short-term periods of less than 4 weeks. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedative medications and opioids. The records indicate that the patient had utilized Lunesta longer than the guidelines recommended maximum period of 4 weeks. The guidelines recommend that non-medication sleep hygiene measures be first implemented and a completed sleep evaluation for reversible causes of sleep disturbance be completed. The criteria for the use of Lunesta 1mg #30 were not medically necessary.