

Case Number:	CM15-0056038		
Date Assigned:	04/01/2015	Date of Injury:	07/07/1986
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56-year-old male who reported an injury on 07/07/1986. His diagnoses included lumbosacral neuritis, NOS, cervical and left shoulder pain, and gastroesophageal reflux disease. The mechanism of injury was cumulative trauma. Past treatments included medications. The injured worker presented on 01/26/2015 with complaints of constant low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp. The pain radiates into the lower extremities. The injured worker's pain was noted as unchanged and rated at 8/10. Upon physical examination of the lumbar spine, there is palpable paravertebral muscle tenderness with spasm. A seated nerve root test is positive. Upon range of motion, standing flexion and extension are guarded and restricted. There was no evidence of instability on exam. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg, as well as foot and in the L5 and S1 dermatomal patterns. There is 4/5 strength in the EHL and ankle plantarflexors, L5 and S1 innervated muscles. Ankle reflexes are asymmetric. Current relevant medications included Nalfon, omeprazole, ondansetron, cyclobenzaprine, and tramadol. The treatment plan included a refill of the injured worker's medications and a request for a course of physical therapy for the lumbar spine. The rationale for the request was that the injured worker was benefitting from taking the medications and the medications were helping and relieving the injured worker's symptomatology and improving the injured worker's activities of daily living and making it possible for him to continue working and/or maintaining activities of daily living.

A Request for Authorization form dated 02/24/2015 was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-71.

Decision rationale: The request for Nalfon 400 mg #120 is not medically necessary. The injured worker has chronic neck and left shoulder pain and gastroesophageal reflux disease. The California MTUS Guidelines recommend NSAIDs. However, the guidelines additionally state that clinician's should weigh the indications for NSAIDs against both GI and cardiovascular factors. The clinician should determine if the patient is at risk for gastrointestinal events. The documentation submitted for review provides evidence that the patient has GI upset and has been treated with Nalfon for his moderate arthritic pain. However, the request as submitted failed to include a frequency of use. As such, the request for Nalfon 400 mg #120 is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-71.

Decision rationale: The request for omeprazole 20 mg #120 is not medically necessary. The injured worker has chronic neck and left shoulder pain and gastroesophageal reflux disease. The California TUS Treatment Guidelines recommend the use of a proton pump inhibitor in patients who are at risk for GI events. The documentation submitted for review provides evidence that the injured worker has gastroesophageal reflux disease and has had long term use of NSAIDs. However, the request as submitted does not include a frequency of use and the request for NSAIDS did not meet medical necessity. As such, the request for omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8mg #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 (Chronic).

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 (Zofran ½).

Decision rationale: The request for ondansetron 8 mg #30 is not medically necessary. The injured worker has chronic neck and left shoulder pain and gastroesophageal reflux disease. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. The documentation submitted for review provides evidence the patient has had chronic opioid use. However, the request as submitted failed to include a frequency of use and the request for opioids did not meet medical necessity. As such, the request for ondansetron 8 mg #30 is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for cyclobenzaprine 7.5 mg is not medically necessary. The injured worker has chronic neck, left shoulder pain, and gastroesophageal reflux disease. The California MTUS Guidelines recommend cyclobenzaprine for a short course of therapy. However, the documentation submitted for review provides evidence that the injured worker has been treated with cyclobenzaprine for an extended period of time. Additionally, the request as submitted failed to include a frequency of use. As such, the request for cyclobenzaprine 7.5 mg #120 is not medically necessary.

Tramadol 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 76-78.

Decision rationale: The request for tramadol 150 mg #90 is not medically necessary. The injured worker has chronic left shoulder pain, and gastroesophageal reflux disease. The California MTUS Treatment Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review did not include a detailed pain assessment to establish adequate pain relief with use of tramadol. There was also no evidence of lack of adverse effects and aberrant behaviors. Additionally, a current urine drug screen was not submitted to verify appropriate medication use. Furthermore, the request as submitted did not include a frequency of use. In the absence of documentation showing details regarding the injured worker's medication including his use of tramadol and the appropriate documentation to

support the ongoing use of opioids, the request is not supported. As such, the request for tramadol 150 mg #90 is not medically necessary.