

Case Number:	CM15-0056879		
Date Assigned:	04/01/2015	Date of Injury:	05/23/2013
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 37-year-old male with a reported date of injury on 05/23/2013. The mechanism of injury was a motor vehicle accident. The injured worker is currently being treated for cervical disc displacement, degeneration of cervical intervertebral disc, cervical radiculopathy, lumbar disc displacement, and lumbar radiculopathy. The injured worker's treatments to date were noted to include cervical ESI, physical therapy, chiropractic, and medications to include Nalfon, omeprazole, ondansetron, cyclobenzaprine, and tramadol; it remains unclear how long the injured worker has been prescribed these medication. However, it appears that the medication has been prescribed since at least 07/2014. A urine drug screen was noted to be performed on 07/11/2014 and was constant. The most recent clinical note dated 02/18/2015 noted the injured worker had a chief complaint of pain located in the neck and right shoulder associated with headaches, paresthesias in the hand, numbness to the arm, and weakness. Additionally, the clinical noted indicated that a cervical spine ESI performed on 06/23/2014 was noted to provide temporary relief of the injured worker's pain. At the time of examination, the injured worker's pain was rated 7/10, which had increased since the last clinical exam visit. The injured worker was also noted to have complaints of low back pain associated with radiating pain to the right leg as well as complaints of numbness, paresthesia, and weakness. On physical examination of the lumbar spine, it was noted that the injured worker had 2+ tenderness to palpation on the right and atrophy was present in the quadriceps. Range of motion was restricted and sensation to light touch was decreased to the lateral thigh of the left lower extremity. Muscle strength, however, was 5/5 in all muscle groups. Examination of the cervical

spine indicated the injured worker had decreased range of motion as well as tenderness to the right trapezius as well as positive axial compression. Upper extremity sensation to light touch was diminished over the C5 dermatome, as well as over the C6 dermatome. Muscle strength was 5/5 in all muscle groups. The treatment plan included a recommendation for continuation of medication due to the injured worker's neck pain becoming worse and making it difficult to perform activities of daily living.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71.

Decision rationale: The California MTUS Guidelines state that Nalfon may be recommended as a treatment of osteoarthritis or for treatment of mild to moderate pain associated with acute exacerbations of chronic low back pain after acetaminophen. It remains unclear exactly how long the injured worker has been prescribed this medication and there is no documentation in regard to the injured worker's therapeutic benefit with the use of this medication. In fact, the documentation indicates the injured worker's pain has been increasing despite the current medication regimen. Additionally, there is a lack of evidence that the injured worker has osteoarthritis or is having acute exacerbations of chronic low back pain that would benefit from the use of nonsteroidal anti-inflammatory drug and there is no evidence in the documentation provided that the injured worker had tried and failed acetaminophen prior to the prescription of nonsteroidal anti-inflammatory drug. Therefore, 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 Proton Pump Inhibitors.

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

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors may be recommended in patients who are at intermediate or high risk for gastrointestinal events such as patients over the age of 65 years; patients with history of peptic ulcer, GI bleed, or perforation; patients taking similar ASA, corticosteroids, and/or anticoagulants; or patients taking high dose/multiple NSAIDs. There is a lack of evidence within the documentation that the injured worker is at intermediate or high risk for gastrointestinal events as there is a lack of evidence the injured worker has a history of peptic ulcer, GI bleed, and perforation, is over the age of 65 years

or taking high dose/multiple NSAIDs. Additionally, there is a lack of evidence provided in the documentation that this medication provided the injured worker measurable therapeutic benefit. Furthermore, there is no documentation in regard to the injured worker complaining of symptomatology related with gastrointestinal events that would benefit from use of the medication. Therefore, the request for omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ondansetron (Zofran).

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address this medication. However, the Official Disability Guidelines state that ondansetron is not currently recommended for nausea and vomiting secondary to chronic opioid use; however, it may be recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, or used for postoperative use. Additionally, the guidelines continue to state that this medication is not intended to be used for long term duration (less than 4 weeks). It remains unclear exactly how long the injured worker has been taking this medication; however, it appears the injured worker has been taking this medication since 07/2014 which grossly exceeds the guideline recommendations of use no longer than 4 weeks. Furthermore, there is a lack of evidence that this medication is being provided due to nausea during a postoperative period or for nausea and vomiting secondary to chemotherapy and radiation treatment. Moreover, there is a lack of evidence from the documentation that this medication provided the injured worker therapeutic benefit. Therefore, 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): 63-64.

Decision rationale: The California MTUS Guidelines state that muscle relaxants may be recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain and the guidelines state that cyclobenzaprine should not be used longer than 3 weeks. The clinical notes provided indicate the injured worker has been taking this medication since at least 07/2014, which grossly exceeds the guideline recommendation of use of no longer than 3 weeks. Additionally, there is a lack of evidence that the injured worker is having an acute exacerbation of chronic low back pain that has not responded to first line treatment options. Furthermore, there is a lack of evidence from the documentation provided that the injured worker was provided therapeutic benefit with this

medication. Therefore, the request for cyclobenzaprine 7.5 mg #120 is non-certified and not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 93-94, 78.

Decision rationale: The California MTUS Guidelines state that tramadol may be recommended for treatment of moderate to severe pain. The guidelines continue to state that patient's prescribed opioid medications should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of evidence provided the injured worker received objective measurable therapeutic benefit with the use of this medication via measurable decrease in pain score or measurable increase in function. Additionally, there is a lack of documentation demonstrating the injured worker has been screened for side effects associated with medication use. Therefore, the request for tramadol ER 150 mg #90 is not medically necessary.