

Case Number:	CM15-0057533		
Date Assigned:	04/02/2015	Date of Injury:	09/15/2010
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: Iowa, Illinois, Hawaii

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 55-year-old female who sustained an industrial injury on 9/15/10. The injured worker reported symptoms in the lower back and hip. The injured worker was diagnosed as having low back pain chronic, degenerative disc disease lumbar spine, multi-level disc herniations lumbar spine, bilateral hip degenerative joint disease, bilateral hip greater trochanteric bursitis, left knee status post arthroscopy, left knee degenerative joint disease and bilateral plantar fasciitis. Treatments to date have included anti-inflammatory medications, nonsteroidal anti-inflammatory drugs, proton pump inhibitor, chiropractic treatments, and activity modification. Currently, the injured worker complains of lower back and hip pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol 150mg Qty 60 is not medically necessary.

Ondansetron 4mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for nausea and vomiting secondary to chronic opioid use. Additionally, "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." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. As such the request for Ondansetron 4mg Qty 30 is not medically indicated.

Cyclobenzaprine 7.5mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): Cyclobenzaprine, Medications for chronic pain, Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks." Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. As such, the request for Cyclobenzaprine 7.5mg Qty 90 is not medically necessary.