

Case Number:	CM15-0059317		
Date Assigned:	04/03/2015	Date of Injury:	01/01/1997
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female who sustained a work related injury on 1/1/97 resulting in chronic neck and low back pain. Her current diagnoses include low back pain S/P L4-4 microdiscectomy, L4-S1 posterior fusion and removal of hardware, S/P C56 anterior cervical discectomy and fusion, transient lower extremity radiculopathy, and left foot and ankle pain. According to a primary treating physician's progress report, dated March 2, 2015, the injured worker presented with complaints of intermittent pain in the left side of the low back. The pain is characterized as dull, rated 4/10 with radiation to the lower extremities. The treatment plan included continue with course of physical therapy to the lumbar spine and refills of medication; Cyclobenzaprine, Omeprazole and Ondansetron. The physician further documents the medications are improving the injured workers activities of daily living and making it possible for her to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Omeprazole 20mg (): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with non-steroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple non-steroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The Utilization Review on 3/24/15 noted no history of GI symptoms however; the medical records do indicate that the injured worker has had GI symptoms in the past associated with use of NSAIDs. The use of a proton pump inhibitors is has improved these symptoms. The request for omeprazole 20 mg #120 is medically necessary.

30 Ondansetron 8mg ([REDACTED]): Upheld

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

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.

Decision rationale: The MTUS does not specifically address treatment with ondansetron. The ODG Guidelines note that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Product information documents the following indications; Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin 50 mg/m². Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. Prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Ondansetron tablets, USP are recommended even where the incidence of postoperative nausea and/or vomiting is low. The medical records note that ondansetron is prescribed for nausea associated with cervical headaches. They do not provide evidence of indications for this medication as noted above. There is no documentation related to frequency and severity of nausea and vomiting, how frequently the medication is used and its overall efficacy. The request for ondansetron 8mg #30 is not medically necessary.

120 Cyclobenzaprine (██████████): 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 Muscle relaxants Page(s): 63-64.

Decision rationale: The MTUS notes that cyclobenzaprine is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In this case, the medical records show that cyclobenzaprine has been used at least episodically since 9/12/12. The primary treating physician's notes continue to document muscle spasm without evidence for efficacy or functional improvement associated with its use. The records do not document how often the medication is used. Without additional documentation, the continued use of cyclobenzaprine is not consistent with the short-term use recommended in the MTUS guidelines. The request for cyclobenzaprine 7.5 mg #120 is not medically necessary.