

Case Number:	CM13-0003930		
Date Assigned:	10/11/2013	Date of Injury:	12/24/2012
Decision Date:	04/02/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of the [REDACTED] and has filed a claim for lumbar discopathy/facet arthropathy with an industrial injury date of December 24, 2012. Treatment to date has included an unspecified back injection, physical therapy, rest, and activity modifications. A utilization review from July 18, 2013 modified the retrospective request for 120 cyclobenzaprine hydrochloride 7.5 mg, and denied the retrospective requests for 60 ondansetron ODT 8 mg, 120 omeprazole DR 20 mg, 2 prescriptions of Medrox pain relief ointment 120 g, and 90 tramadol hydrochloride ER 150 mg. Physician's progress note was reviewed from the prescription date of May 22, 2013 showing the patient injuring his low back while exiting a police vehicle. This was described as a sudden strain in his back. The progress note cited an MRI imaging report from January 9, 2013 indicating no significant neural compromise and mild degenerative changes. The patient describes the pain as mild and is aggravated by bending, lifting, twisting, pushing, pulling, and walking multiple blocks. Objectively, there were muscle spasms and restricted range of motion for the back due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG (DOS:5/22/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to the MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. In this case, the employee has been prescribed NSAIDs. The employee was found to have muscle spasms on exam. However, since the pain was mild and the employee was working full duties as a police officer, it wouldn't be anticipated that the employee would require use for greater than a few days. The quantity (#120) requested was therefore very excessive. Therefore, the request is not medically necessary as it does not meet the guideline recommendations on page 63.

60 ONDANSETRON ODT 8MG (DOS:5/22/13): 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 U.S. Food and Drug Administration website.

Decision rationale: The MTUS guidelines do not address Ondansetron; alternative guidelines were used. The U. S. FDA recommends the use of Ondansetron for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, the employee did not undergo radiation therapy, chemotherapy, or surgery. Ondansetron is not supported as stated regarding the indications for this medication, which does not apply to this employee. The 5/22/13 note states that this medication was prescribed to relieve nausea by Cyclobenzaprine even though the employee was just then being prescribed Cyclobenzaprine. Nausea is not listed as a common side-effect of Cyclobenzaprine, as stated in PDR.net, unless the medication is abruptly withdrawn after long term use. Nor is a need for prophylactic anti-nauseant addressed in the MTUS or ODG guidelines. Therefore, the request is not medically necessary as indicated in the FDA recommendations.

120 OMEZAPROLE DR 20MG (DOS:5/22/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated in the MTUS chronic pain medical treatment guidelines page 68, proton pump inhibitors are recommended for patients who are at a greater risk for having gastrointestinal events including gastrointestinal bleeding and high dose/multiple NSAID intake. In this case, the employee is only taking one NSAID and did not have a history of gastrointestinal bleeding. The employee is not 65 or older, and has no GI symptoms or history of

GI disorders to support its use. The 5/22/13 note states that this medication was prescribed as a preventive measure, which is not consistent with the guidelines. Therefore, the request is not medically necessary according to page 68 of the guideline recommendations.

2 PRESCRIPTIONS OF MEDROX PAIN RELIEF OINTMENT 120GM (DOS:5/22/13):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated in the MTUS chronic pain medical treatment guidelines pages 111-113, there is little to no research to support the use of 0.0375% capsaicin. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Medrox ointment includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. Therefore, the request is not medically necessary as it does not meet guidelines recommendations on pages 111-113.

90 TRAMADOL HYDROCHLORIDE ER 150MG (DOS:5/22/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As stated in the MTUS chronic pain medical treatment guidelines page 77, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In this case, the employee was not on any medication prior to the prescription of tramadol. There was a concurrent certified prescription of non-opioid analgesics that has not been evaluated for efficacy. As noted, there is no evidence that a reasonable trial of non-opioid medications (notably NSAIDs, acetaminophen or aspirin) was attempted. Additionally, opioids are recommended for moderate to moderately severe pain. Not only was the employee stated to have mild pain in 5/2013, but the mechanism of injury and the MRI findings do not support complaints of other than mild pain. Therefore, the request is not medically necessary according to the guideline recommendations from page 77.