MAXIMUS Federal Services

Case Number:	CM13-0055224		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	07/22/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert 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 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/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:

Patient is a 59-year-old male who has submitted a claim for lumbar discopathy associated with an industrial injury date of 05/08/2013. The medical records from 2013 were reviewed. The patient complained of low back pain with radiation to the bilateral lower extremities. There was note of progressive neurologic deficit, accompanied by some bowel and bladder dysfunction, weakness of bilateral lower extremities, and foot drop. The physical examination revealed tenderness at the lumbar spine with restricted range of motion. The motor strength of left extensor hallucis longus and left ankle dorsiflexors and plantarflexors were graded 2-/5. The seated nerve root test was positive. Treatment to date has included naproxen, cyclobenzaprine, omeprazole, and tramadol since August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG # 100, PRE-OP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period, in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on naproxen since August 2013. However, medical records failed to document pain relief derived from its use. Moreover, long-term use is not recommended. Furthermore, the request specified that tramadol is for pre-operative use. However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. The medical necessity was not established. Therefore, the request for Naproxen Sodium 550 Mg, # 100 is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG #120 PRE-OP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the California MTUS Chronic Pain Medical Treatment 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 low back pain. In this case, the patient has been on cyclobenzaprine since August 2013. However, medical records failed to document pain relief derived from its use. Moreover, long-term use is not recommended. Recent progress reports failed to document muscle spasm, which may necessitate its use. Furthermore, the request specified that cyclobenzaprine is for pre-operative use. However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. The medical necessity was not established. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5 mg, #120 Pre-Op is not medically necessary.

ONDANSETRON ODT 8 MG, #60 PRE-OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron.

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

Decision rationale: The California MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. The ODG states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the request specified that ondansetron is for pre-operative use.

However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. Moreover, there were no subjective complaints of nausea or vomiting necessitating its use. The medical necessity was not established. Therefore, the request for Ondansetron 8 Mg, #60 Pre-Op is not medically necessary.

OMEPRAZOLE DR 20 MG, #120 PRE-OP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastro intestinal (GI) Symptoms, and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid aspirin (ASA), corticosteroids, or anticoagulants; or on high-dose or multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been on omeprazole since August 2013. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation, or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, the patient did not meet any of the aforementioned risk factors. The request likewise specified that omeprazole is for pre-operative use. However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. The guideline criteria were not met. Therefore, the request for Omeprazole 20 mg, #120 pre-op is not medically necessary.

QUAZEPAM 15 MG, #30 PRE-OP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the request specified that quazepam is for pre-operative use. However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. Moreover, there was no compelling rationale for its use because there were no documented sleep difficulties or anxiety symptoms. The medical necessity has not been established. Therefore, the request for Quazepam 15 Mg, #30 Pre-Op is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150 MG, #90 PRE-OP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for the ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning; and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on tramadol since August 2013. However, medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The California MTUS Guidelines require clear and concise documentation for ongoing management. Moreover, the request specified that tramadol is for pre-operative use. However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. Therefore, the request for Tramadol Hydrochloride 150 Mg, #90 Pre-Op is not medically necessary.

LEVOFLOXACIN 750 MG, #30 PRE-OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician's Desk Reference 2014, Levofloxacin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician's Desk Reference 2014, Levofloxacin.

Decision rationale: The California MTUS does not address levofloxacin specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician's Desk Reference 2014 was used instead. The Physician's Desk Reference 2014 states that levofloxacin is an antibiotic used to treat a variety of infections. In this case, the request specified that levofloxacin is for pre-operative use. However, the Utilization Review from 07/31/2013 denied the request for lumbar fusion surgery. The medical necessity was not established. Therefore, the request for Levofloxacin 750mg, #30 Pre-Op is not medically necessary.