

Case Number:	CM14-0117764		
Date Assigned:	09/16/2014	Date of Injury:	09/10/2005
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 37-year-old female with a date of injury of 09/10/2005. The listed diagnosis per [REDACTED] is lumbago. According to the progress report 03/31/2014, the patient presents with continued low back pain with decreased range of motion and sensation at L5-S1. The patient was administered an intramuscular Toradol and B12 injection. The treater suggested repeat epidural steroid injection, acupuncture, and refill of medications. List of medications was not provided. The patient is currently not working. Progress report 06/30/2014 indicates the patient is taking muscle relaxants, ondansetron, omeprazole 20 mg, Diclofenac, Naprosyn, and Tramadol ER 150 mg. Utilization Review denied the request on 09/10/2005.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren) 100 mg: one qd (daily) Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): (MTUS 60, 61).

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of diclofenac sodium ER 10 mg #120. The MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain as a first line of treatment. Medical records indicate the patient has been taking NSAIDs on a long-term basis. Although [REDACTED] does not discuss this medication in his progress report. He does ask for a refill, and QME report from 2013 indicates the patient has been taking NSAID. NSAIDs are intended for chronic pain as a first line treatment. However, the treater does not provide any discussion regarding the medications efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

Ondesetron 8 mg CDT; NTE 2 qd (every day) Quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics for opioid nausea:

Decision rationale: This patient presents with chronic low back and neck pain. The treater is requesting ondansetron ODT for "nausea associated with headaches that are present with chronic cervical spine pain." The MTUS and ACOEM Guidelines do not discuss Zofran, however, ODG Guidelines has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), 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." The treater is prescribing this medication for nausea associated to headaches, which is not support by ODG. Recommendation is for denial.

Orphenadrine Citrate; one po q 8 h (one by mouth every 8 hour) NTE 3 qd Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): p63.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting orphenadrine citrate to be taken every 8 hours #120 for muscle spasms. Orphenadrine is a muscle relaxant also called Norflex similar to Flexeril. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm in no more than 2 to 3 weeks. In this case, the treater has prescribed this medication for long-term use. Recommendation is for denial.