

Case Number:	CM14-0120811		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2013
Decision Date:	12/18/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2013. In a Utilization Review Report dated August 20, 2013, the claims administrator denied a request for Diclofenac, Zofran, Norflex, Tramadol, and Prilosec. Many of the denials are based on the fact the medications in question were not on ODG's drug formulary (which California has not adopted). In a prescription form dated June 23, 2014, the attending provider ordered Voltaren, Norflex, Zofran, Prilosec, and tramadol through usage of preprinted checkboxes, with little to no narrative commentary as to medication efficacy. On May 16, 2014, the applicant reported ongoing complaints of low back pain. The note was sparse, handwritten, difficult to follow, not entirely legible. The applicant was asked to pursue physical therapy. Medications were apparently refilled under a separate cover, with no explicit discussion of medication efficacy. The applicant was returned to regular duty work, although it was not clearly stated whether the applicant was working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Unspecified Dosage) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Functional Restoration Approach to Chronic Pain Management Page(.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has failed to incorporate any discussion of whether or not ongoing usage of Diclofenac has, in fact, been beneficial here. The request is question was endorsed via an order form/Request for Authorization (RFA) form of June 23, 2014, which employed preprinted checkboxes and contained little-to-no narrative commentary. No applicant-specific rationale was furnished. There was no mention or discussion of medication efficacy in a May 16, 2014 progress note, referenced above. Therefore, the request was not medically necessary.

Ondansetron ODT 8mg #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 (ODG) pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informing regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant experiencing any symptoms of nausea or vomiting. There was no mention of the applicant's has had cancer chemotherapy, radiation therapy, and/or surgery. No rationale for introduction, selection, and/or ongoing usage of Ondansetron was furnished by the attending provider in his May 16, 2014 progress note, referenced above. Usage of Ondansetron, thus, here, amounts to usage of Ondansetron for unknown, non-FDA labeled purposes. Therefore, the request was not medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended "with caution" as second-line options for the short-term treatment of acute exacerbations of chronic low back pain. Here, however, the 120-tablet supply of Orphenadrine, thus, by implication, runs counter to MTUS principles and parameters as it implies chronic, long-term, and/or scheduled usage of Orphenadrine. As with the many other medications, the attending provider's progress notes did not contain any narrative commentary or rationale which would support long-term usage of Orphenadrine in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider's handwritten progress note and preprinted prescription form did not contain any explicit discussion of medication efficacy. There was no mention of quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. While the attending provider did return the applicant to regular duty work on paper, it was not clear whether the applicant was, in fact, working or not. The sparse and highly template documentation on file, thus, do not support or substantiate the request. Therefore, the request was not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file contained no reference to or mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.