

Case Number:	CM14-0122373		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2009
Decision Date:	12/23/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 February 27, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; topical agents; earlier shoulder surgery; and reported return to regular duty work. In a Utilization Review Report dated July 28, 2014, the claims administrator failed to approve a request for omeprazole, Ondansetron, Flexeril, and tramadol. The applicant's attorney subsequently appealed. In a progress note dated June 30, 2014, the applicant was returned to regular duty work, despite ongoing complaints of neck and back pain in the 6-8/10 range. Medications were reportedly refilled under separate cover, with no explicit discussion of medication selection or medication efficacy. In a Medical-legal Evaluation dated March 4, 2014, the medical-legal evaluator stated that the applicant had worked regular duty through July 31, 2012. It was suggested that the applicant was currently working with limitations in place. On February 10, 2014, the applicant again reported ongoing complaints of neck pain, bilateral upper extremity pain, and knee pain, aggravated by standing, kneeling, walking, squatting, and sitting. The applicant was asked to return to work. There was no discussion of medication selection or medication efficacy on this occasion. The medications in question were refilled on several occasions through usage of preprinted checkboxes, with no narrative commentary or applicant-specific information, as on prescription form/RFA forms of January 30, 2014 and May 30, 2014, on which Prilosec, Terocin, Ondansetron, Imitrex, Norflex, and naproxen were all renewed, without any applicant-specific commentary or explicit discussion of medication selection or medication efficacy. On April 21, 2014, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities. The applicant was having some issues with

cervical diskopathy versus carpal tunnel syndrome versus double-crush phenomenon. The attending provider stated that he was seeking authorization for a C5-C7 cervical fusion procedure. The applicant was asked to continue regular duty in the interim. The remainder of the file was surveyed. On September 5, 2014, the applicant was asked to pursue additional acupuncture owing to ongoing complaints of neck, low back, and bilateral knee pain. It was stated that the applicant was pending authorization for a cervical spine surgery on this date. A surgical date had not, however, been scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic 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, there was/is no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. No rationale for introduction and/or ongoing usage of omeprazole was proffered by the attending provider. All of the prescriptions for omeprazole were endorsed through preprinted checkboxes, with little-to-no applicant-specific commentary. Therefore, the request was not medically necessary.

Ondansetron 8mg #30: 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 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 do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no evidence that the applicant underwent any kind of surgical intervention on or around the date of the Utilization Review Report. While it was stated that the applicant was considering surgical intervention involving the cervical spine,

there was no mention of this cervical spine surgery's actually having been scheduled or that it in fact transpired. There was likewise no mention of the applicant's has received any radiation therapy and/or surgery. Furthermore, the applicant did not explicitly discuss symptoms of nausea or vomiting on any of the progress notes referenced above, including on a progress note of September 5, 2014. No rationale or medical evidence was furnished which would have supported provision of Ondansetron here. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: 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 Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Voltaren, Flexeril, Ondansetron, Tramadol, Methoderm, etc. Adding cyclobenzaprine to the mix is not recommended. The 120-tablet supply of cyclobenzaprine furnished here, furthermore, runs counter to the position espoused on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that cyclobenzaprine should be reserved for a short course of therapy. Therefore, the request was not medically necessary.

Tramadol ER 150mg #90: 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 When to Continue Opioids topic 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. In this case, while the applicant is working, the attending provider did not incorporate any explicit discussion of tramadol efficacy into any of his progress notes, referenced above. There was no discussion of any quantifiable decrements in pain or material improvements in function achieved as result of ongoing tramadol usage. The applicant continued to report pain complaints as high as 6-8/10, it was incidentally noted, on June 30, 2014, despite ongoing tramadol usage, and 8/10 on September 5, 2014, it is further noted. It is difficult to support the request given the absence of any discussion of medication efficacy on any of the progress notes, referenced above. Therefore, the request was not medically necessary.