

Case Number:	CM14-0123500		
Date Assigned:	09/15/2014	Date of Injury:	01/06/2012
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 claimant was injured on 01/06/12. Diclofenac, Omeprazole, Ondansetron, and Orphenadrine are under review. The claimant is being treated for chronic myofascial and discogenic pain of the lumbar spine and degenerative joint disease of the hips. He has been taking anti-inflammatories and muscle relaxants for an extended period of time and continuation of his medications was requested. He saw [REDACTED] on 05/22/14. He had constant pain in his back that was aggravated by activity and characterized as sharp with radiation to the lower extremities. It was unchanged. His pain was level 9/10. He had paravertebral muscle tenderness with spasm and seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was no clinical evidence of stability [sic] on exam. Sensation revealed tingling and numbness in the lateral thigh and anterolateral leg and foot in an L5 dermatomal pattern. There was 4 strength in the EHL (extensor hallucis longus), an L4 innervated muscle. His medications were not recorded and he was not prescribed any new medications. Acupuncture was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of Diclofenac for the claimant's ongoing pain. The MTUS states regarding NSAIDs (non-steroidal anti-inflammatories): "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to Acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after Acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is evidence of degenerative joint disease, not described as osteoarthritis, and no indication that this medication is being used for acute exacerbations of chronic back pain. The claimant's pattern of use of this medication is unclear, including when he takes it, what pain relief he receives, how long it lasts, or the objective measurable or functional benefit he receives from it. There is no evidence of significant inflammation to support its use prior to a trial of first line medication such as Acetaminophen. There is no indication that he has been involved in an ongoing program of exercise to try to maintain any benefits he does get from the use of medications. The recommended dosage of this medication is not stated. The medical necessity of the use of Diclofenac for ongoing pain in this case has not been clearly demonstrated.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Omeprazole at this time. The MTUS states regarding proton pump inhibitors (PPIs): "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg Omeprazole daily) or Misoprostol (200mcg four times daily) or (2) a Cox-2 selective agent." In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The

indication for its use, the claimant's pattern of use, and the benefit he gets from its use are not described in the records. The recommended dosage of this medication has not been described. The medical necessity of this request for continued use of omeprazole has not been clearly demonstrated.

Ondansetron: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 2014: Ondansetron

Decision rationale: The history and documentation do not objectively support the request for Ondansetron at this time. The MTUS does not address its use, and the PDR states it may be recommended for control of nausea and vomiting in patients receiving chemotherapy or in surgical patients. There is no documentation of an indication for its use in this case. The claimant's pattern of use is unknown and the benefit he receives from its use is not described. The recommended dosage is not described. The medical necessity of this request for continued use of Ondansetron has not been clearly demonstrated.

Orphenadrine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for Orphenadrine. The MTUS Chronic Pain Medical Treatment guidelines state: "Muscle relaxants (for pain) - recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. (Chou, 2004)." Additionally, guidelines state: "Relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of

the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days ... A record of pain and function with the medication should be recorded. (Mens 2005)." The medical documentation provided does not establish the need for long-term/chronic usage of Orphenadrine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs, such as Acetaminophen and anti-inflammatories, and his response to them, including relief of symptoms and documentation of functional improvement, has not been described. The recommended dosage is not stated. As such, this request for Orphenadrine is not medically necessary.