

Case Number:	CM14-0125165		
Date Assigned:	08/11/2014	Date of Injury:	09/08/2013
Decision Date:	09/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain 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:

This is a 51-year-old female who sustained a remote industrial injury on 09/08/13 diagnosed with lumbago. Mechanism of injury is not specified in the documents provided. The request for Diclofenac Sodium (Voltaren SR) 100mg #120 was non-certified at utilization review due to the lack of evidence of objective functional benefit gained from the prior use of Naproxen and lack of documentation of the failure of "Y" drugs in this class, while the request for Omeprazole delayed-release capsules 20mg #120 was also non-certified due to the lack of documentation of gastrointestinal complaints and the denial of Diclofenac Sodium. The request for Ondansetron 8mg #30 x2 quantity 60 was denied at utilization review due to the lack of documentation of nausea and vomiting, while the request for Orphenadrine Citrate ER (Norflex) 100mg #120 was also denied due to the lack of documentation of muscle spasm upon examination and of the failure of "Y" drugs in this class. Lastly, the request for Tramadol Hydrochloride ER 150mg #90 was denied at utilization review due to the lack of evidence of objective functional benefit with prior use and the lack of documentation of monitoring the appropriate use of opioids, while the request for Levofloxacin 750mg #30 was also denied due to the lack of evidence of signs of infection and Levofloxacin is not supported as a standard of care. The most recent progress note provided is 07/02/14. Patient complains primarily of constant dull pain in the low back that radiates into the lower extremities and is rated as a 6/10. The pain is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. Physical exam findings reveal some cellulitis and erythema around the surgical and staple sites; otherwise, the physical exam findings are unremarkable and there are no signs of infection. Current medications are not listed and the treating physician is requesting medication refills. Provided documents include previous progress report stated 02/26/14 and 04/30/14 that highlight the patient was scheduled for lumbar spine surgery on 06/20/14. These progress reports

do not list the patient's medications, so it is unclear how long the patient has been prescribed these medications. The patient's previous treatments are not thoroughly listed and imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium (voltaren SR) 100mg 3120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), pages 67-68 and Anti-inflammatory medications, page 22 Page(s): 67-68; 22.

Decision rationale: Documentation provided for review does not identify significant functional/vocational benefit with the use of NSAIDs and guidelines indicate this should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. Further, the medical records provided do not indicate how long the patient has been utilizing this medication and the dosing frequency of the requested medication is not specified. As such, ongoing chronic NSAID use would not be supported. Diclofenac sodium (voltaren SR) 100mg #120 is not medically necessary and appropriate.

Omeprazole delayed release capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, the use of Proton Pump Inhibitors is recommended for patients with a high risk of gastrointestinal complications determined by the following criteria: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In this case, the treating physician does not document any of the listed criteria for gastrointestinal complications and provided documentation does not indicate how long the patient has been prescribed this medication. Further, the dosing frequency of the requested medication is not specified. As such, the request for Omeprazole delayed release capsules 20mg #120 is not medically necessary and appropriate.

Ondansetron QDT tablets 8mg #30 x2 qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: According to ODG, antiemetics are "not recommended for nausea and vomiting secondary to chronic opioid use." In this case, the provided documentation does not indicate the patient to be suffering from nausea or elaborate on the cause of the patient's nausea. Further, the dosing frequency of the requested medication is not specified. As such, the information provided reveals that Ondansetron QDT tablets 8mg #30 x2 qty 60 are not medically necessary and appropriate.

Orphenadrine Citrate ER (norflex) 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The medical necessity of muscle relaxant use is compared to evidence-based criteria. Muscle relaxants are supported for only short-term treatment and chronic use would not be supported by guidelines. In this case, documentation does not identify the presence of spasticity, there is no documentation of significant functional/vocational benefit with the use of muscle relaxants, and the medical records do not reveal how long the patient has been utilizing this muscle relaxant. Further, the dosing frequency of the requested medication is not specified. For these reasons, Orphenadrine Citrate ER (norflex) 100mg #120 is not medically necessary and appropriate.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file or a urine drug screen performed to monitor compliance and screen for aberrant behavior. Further, the dosing frequency of the requested medication is not specified. Lastly, medical records provided do not indicate how long the patient has been prescribed this opioid. Due to this lack of documentation, the ongoing use of

chronic opioids is not supported by MTUS guidelines and Tramadol Hydrochloride ER 150mg #90 is not medically necessary and appropriate.

Levofloxacin 750 mg #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.

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: <http://www.drugs.com/mtm/levofloxacin.html>.

Decision rationale: As ODG and MTUS guidelines do not address the requested Levofloxacin, medical necessity is compared to the medication's described usage. Levofloxacin is in a group of antibiotics called fluoroquinolones and fights bacteria in the body. In this case, provided documents highlight the patient was scheduled for a lumbar spine surgery on 06/20/14. However, recent progress reports do not indicate whether this surgical intervention was performed, which would necessitate the use of an antibiotic. Further, the dosing frequency of the requested medication is not specified. For these reasons, the request for Levofloxacin 750 mg #30 is not medically necessary and appropriate.