

Case Number:	CM14-0126356		
Date Assigned:	09/19/2014	Date of Injury:	08/15/2012
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 35-year-old male who reported an injury on 08/15/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbago. Past medical treatment consists of physical therapy, ESI injection, and medication therapy. Medications include Orphenadrine, Ondansetron, Omeprazole, Diclofenac sodium, Cyclobenzaprine, Hydrocodone/Acetaminophen, Tramadol, Sumatriptan, Levaquin, and Quazepam. On 07/31/2012, the injured worker underwent an MRI of the lumbar spine that revealed that the injured worker had lumbago. On 08/04/2014, the injured worker complained of lower back pain. It was noted on physical examination that there was palpable paravertebral muscle tenderness with spasm. The seated nerve root test was positive. Standing flexion and extension were guarded and restricted. It was noted that there was also tingling in the mid and the lateral thigh and anterolateral and posterior leg as well as foot, in L5 and S1 dermatomal patterns. The treatment plan was for the injured worker to continue the use of medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The request for Diclofenac Sodium ER is not medically necessary. The California MTUS Guidelines state that Diclofenac is a prescription nonsteroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including myocardial infarction, stroke, or worsening hypertension. The Guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea, and diarrhea. Nonprescription medications may be sufficient for both acute and subacute symptoms when used in conjunction with activity modification and ice or heat therapy. The Guidelines stipulate that NSAIDs should be used for short term therapy. It was indicated in the documentation that the injured worker had been taking the medication since at least 03/2014, exceeding the recommended Guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Diclofenac is not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg is not medically necessary. California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medication who have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted that the injured worker had been taking Diclofenac since at least 03/2014. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of the medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to indicate the frequency of the medication. As such, the request is not medically necessary.

Ondansetron 8mg ODT #30 x2: Upheld

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

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

Decision rationale: The request for Ondansetron 8 mg is not medically necessary. ODG state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short term duration (less than 4 weeks) and have limited application to long term use. Given the above, the injured worker is not within ODG. The submitted report lacked any indication that the injured worker was suffering from nausea. Furthermore, there was no indication in the submitted report as to how long the injured worker had been taking Ondansetron. Additionally, the request as submitted did not indicate a frequency or duration of the medication. The medical necessity of the Ondansetron is unclear. As such, the request is not medically necessary.

Orphenadrine citrate 100mg #120: 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 (for pain), (Orphenadrine) Page(s): 63-65.

Decision rationale: The decision for the request for Orphenadrine is not medically necessary. According to California MTUS, Orphenadrine is a non-sedating recommended muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there was 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is similar to diphenhydramine, but has no greater anticholinergic effects. The submitted documentation lacked any quantified information regarding pain relief. Additionally, the report did not indicate whether the medication above was helping with any functional deficits. Furthermore, it was indicated in the submitted documentation that the injured worker had been on the medication since at least 04/2014, exceeding the recommendations of a short term course of therapy. Given the above, the medication is not medically necessary.