

Case Number:	CM14-0132431		
Date Assigned:	08/22/2014	Date of Injury:	12/13/2001
Decision Date:	10/24/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/19/2014

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, 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 38-year-old male who reported an injury of unspecified mechanism on 12/13/2001. On 06/04/2014 his diagnoses included postlaminectomy syndrome, end of life intrathecal pump (battery depleted), cervicogenic headaches, abdominal pain, coccydynia and status post abdominal hernias. His complaints included abdominal, low back and leg pain, poor sleep and difficulty with ADLs. He also had continued neck and cervical radiculopathy symptoms. The treatment plan included refilling and continuing his medications. His medications included Lyrica 75 mg, Zanaflex 4 mg for muscle spasms, Prilosec 20 mg, Zofran 8 mg and Norco 10/325 mg for breakthrough pain. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The request for ondansetron is not medically necessary. Per the Official Disability Guidelines ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation therapy. It is also approved for postoperative use. Acute use is FDA approved for gastroenteritis. As with other antiemetics, routine prophylaxis is not recommended for injured workers in whom there is little expectation that the nausea and/or vomiting will occur postoperatively. There was no documentation submitted that this injured worker was being treated for cancer with chemotherapy, full body or single dose irradiation or that he was a candidate for surgery with a high expectation of postoperative nausea and vomiting. Additionally, there was no dosage, quantity or frequency of administration included in the request. Therefore, this request for ondansetron is not medically necessary.

Omeprazole,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms& cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which includes omeprazole, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify a dosage, quantity or frequency of administration. Therefore, this request for omeprazole is not medically necessary.

Tizanidine,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for tizanidine is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Tizanidine is FDA approved for management of spasticity. This request did not include dosage, quantity or frequency. Therefore, this request for tizanidine is not medically necessary.

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Lyrica is not medically necessary. The California MTUS Guidelines recommend antiepileptic medications for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy with diabetic neuropathy being the most common example. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications. It is considered a first line treatment for both. It was also approved to treat fibromyalgia. There was no indication in the submitted documents that this injured worker had any of the above diagnoses. Additionally, there was no dosage, quantity or frequency of administration included with this request. Therefore, this request for Lyrica is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin or antidepressants, quantified efficacy or drug screens. Additionally, there was no dosage, quantity or frequency specified in the request. Therefore, this request for Norco is not medically necessary.