

Case Number:	CM14-0132468		
Date Assigned:	08/22/2014	Date of Injury:	07/25/2011
Decision Date:	10/21/2014	UR Denial Date:	08/12/2014
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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 45 year old female who sustained an injury to her back on 07/25/2011 when she launched forward while chasing a child. Prior treatment history has included 12 sessions of physical therapy which provided relief of symptoms and injections to the lumbar spine which provided excellent relief. Progress report dated 08/05/2014 states the patient presented for a flare-up of back pain. She rated her pain as 10/10 with shooting pain towards the groin bilaterally. On exam, the lumbar spine revealed tight muscle band and trigger point noted bilaterally. Straight leg raise is positive bilaterally in sitting at 30 degrees. Waddell's signs are present and positive overreaction. The patient is diagnosed with lumbar disc displacement without myelopathy; lumbosacral disc degeneration; chronic pain syndrome. She has been prescribed cyclobenzaprine, Norco, omeprazole and Zofran. Prior utilization review dated 08/12/2014 states the requests for 10 Tablets of Zofran 8 Mg; 60 Capsules of Omeprazole Delayed Release 20 Mg; 90 Tablets of Cyclobenzaprine 7.5 Mg are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Tablets of Zofran 8 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti emetics (for opioid nausea).

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

Decision rationale: ODG notes that anti emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These 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 four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. There is an absence in documentation noting that this claimant has any of the conditions for which an anti-emetic is recommended. Therefore, the medical necessity of this request is not established.

60 Capsules of Omeprazole Delayed Release 20 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, Cardiovascular.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that she is at an intermediate or high risk for GI events. Therefore, the medical necessity of this request is not established.

90 Tablets of Cyclobenzaprine 7.5 Mg: 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): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting that there are extenuating circumstances to support the long term use of a muscle relaxant. Therefore, the medical necessity of this request is not established.

