

Case Number:	CM14-0140013		
Date Assigned:	09/08/2014	Date of Injury:	04/17/2002
Decision Date:	12/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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, 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:

The injured worker is a 55 year-old male with a date of injury of April 17, 2002. The patient's industrially related diagnoses include cervicalgia and lumbago. The disputed issues are Voltaren SR 100mg #120, Cyclobenzaprine 7.5mg #120, Ondansetron ODT 8mg #60, Omeprazole 20mg #120, and Tramadol ER 150mg #90. A utilization review determination on 8/14/2014 had non-certified these requests. The stated rationale for the denial of Voltaren SR was: "There is no documentation of objective functional benefit with prior use of an NSAID. In addition, this medication is an 'N' drug on the ODG formulary. There is no documentation of failed trials of 'Y' drugs in this class and documentation indicating this medication is more beneficial to the claimant than a 'Y' drug on the ODG formulary." Cyclobenzaprine was denied because: "There is no documentation of an end-plan or attempts at tapering down Cyclobenzaprine use, given this medication is not recommended for long term or more than three weeks use." The stated rationale for the denial of Ondansetron was: "There is no documentation of ongoing complaints of nausea and vomiting." Omeprazole was denied because Voltaren SR was non-certified and there was no gastrointestinal complaint noted. Lastly, the stated rationale for the denial of Tramadol ER was: "Without evidence of objective functional improvement and CA MTUS mandated documentation for chronic opioid use remains unavailable for review, the medical necessity of Tramadol is not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN SR 100MG (DICLOFANAC SODIUM) #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

Decision rationale: Voltaren SR 100mg (Diclofenac ER) is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In the submitted medical records available for review, the treating physician indicated that Diclofenac was being prescribed for inflammation and pain. The treating physician documented that the injured worker was previously on Naproxen but he experienced epigastric pain and stomach upset while using that NSAID in the past. The utilization review denied the request stating: "This medication is an 'N' drug on the ODG formulary. There is no documentation of failed trials of 'Y' drugs in this class and documentation indicating this medication is more beneficial to the claimant than a 'Y' drug on the ODG formulary." However, in the documentation, the treating physician indicated that Naproxen, a "Y" drug, was previously tried and failed due to gastrointestinal side effects. Furthermore, the injured worker reports moderate to severe pain and there is no documentation that Voltaren SR was previously prescribed. Therefore, based on the documentation, the currently requested Voltaren SR 100mg #120 is medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG#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 Page(s): 63-66.

Decision rationale: In regard to the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy and is not recommended to be used for longer than 2-3 weeks. In the progress report dated 8/7/2014, the treating physician documented that Cyclobenzaprine was prescribed for the palpable muscle spasms noted on physical examination and indicated that the medication was to be taken in short courses for acute spasms. However, there was no documentation of reduction in muscle spasms or improvement in function with the use of Cyclobenzaprine. Furthermore, although the treating physician stated that this medication should be taken in short courses for acute spasms, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation as recommended by guidelines since the prescription was

written for #120, over a 2-3 week supply, and since at least April 2014. Based on the documentation, the currently requested Cyclobenzaprine 7.5mg #120 is not medically necessary.

ONDANSETRON ODT TABLETS 8MG #60: 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 Official Disability Guidelines (ODG) Pain Chapter, Anti-Emetics

Decision rationale: In regard to the request for Ondansetron ODT 8mg (Zofran), California Medical Treatment and Utilization Schedule does not specifically address the antiemetic Ondansetron. Therefore the Official Disability Guidelines Pain chapter was consulted. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. In the progress report dated 8/7/2014, there is no indication that the injured worker had nausea as a result of any of these diagnoses. The treating physician indicated that Ondansetron was prescribed for nausea as a side effect to Cyclobenzaprine and other analgesic agents. However, according to the guidelines, this medication is not recommended for nausea secondary to chronic opioid use. In light of these issues, the currently requested Ondansetron ODT 8mg #60 is not medically necessary.

OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "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 the progress report dated 8/7/2014, the treating physician documented that the injured worker had a history of epigastric pain and stomach upset with the use of Naproxen previously. Therefore, Omeprazole 1 tablet every 12 hours as needed was prescribed for upset stomach in conjunction with Voltaren SR. Due to this history, the injured worker is at intermediate risk for gastrointestinal events. As the request for Voltaren SR was found to be medically necessary, the currently requested Omeprazole 20mg is also medically necessary at this time.

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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Tramadol ER 150mg (Ultram) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 8/7/2014, the treating physician documented that the injured worker had acute severe pain and had benefitted from a short course of this medication (Tramadol) in the past. However, there was no specific documentation to support that Tramadol provided pain relief in terms of percent pain reduction or reduction in numeric rating scale and no specific examples of functional improvement were documented. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the absence of such documentation, Tramadol ER 150mg #90 is not medically necessary. Although Tramadol is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.