

Case Number:	CM14-0140073		
Date Assigned:	09/08/2014	Date of Injury:	09/05/2012
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 32-year-old who reported an injury on September 5, 2012 due to unspecified mechanism of injury. The injured worker complained of lower back pain with a diagnosis of lumbago. The diagnostics included x-rays. The objective findings dated July 7, 2014 in the lumbar spine revealed palpable paravertebral muscle tenderness with spasms, seated nerve root test was positive. Range of motion with flexion and extension was guarded and restricted. Coordination and balance were intact; sensation and strength was noted with tingling and numbness to the lateral thigh; the anterolateral and posterior leg as well as foot. The L5-S1 dermatome patterns strength was a 4/5. The medications included Voltaren SR, cyclobenzaprine, ondansetron, omeprazole, and tramadol. The Request for Authorization dated September 8, 2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren SR 100 mg (Diclofenac Sodium), 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDs Page(s): 70.

Decision rationale: The California MTUS indicates "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... There is no peer-reviewed literature to support the use of topical baclofen...Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application... Voltaren 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Therefore, the request for Voltaren SR 100 mg (Diclofenac Sodium), 120 count, is not medically necessary or appropriate.

Cyclobenzaprine Hydrochloride tablets 7.5 mg, twenty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. Efficacy. The guidelines recommend cyclobenzaprine for no longer than 2 to 3 weeks to manage back pain. The clinical notes did not indicate the length of time that the injured worker had been taking the cyclobenzaprine. The request did not indicate the frequency. As such, the request for Cyclobenzaprine Hydrochloride tablets 7.5 mg, twenty count, is not medically necessary or appropriate.

Ondansetron ODT tablets 8 mg, thirty count: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Zofran is also used for chemotherapy-induced nausea. As such, the request for Ondansetron ODT tablets 8 mg, thirty count, is not medically necessary or appropriate.

Omeprazole Delayed-Release capsules 20 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

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

Decision rationale: The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within four to eight weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation was not evident that the injured worker had a peptic ulcer or gastrointestinal issues. As such, the request for Omeprazole Delayed-Release capsules 20 mg, 120 count, is not medically necessary or appropriate.

Tramadol Hydrochloride ER 150 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of documentation addressing any aberrant drugs. The request did not address the frequency. As such, the request for Tramadol Hydrochloride ER 150 mg, ninety count, is not medically necessary or appropriate.