MAXIMUS Federal Services

Case Number:	CM14-0141253		
Date Assigned:	09/10/2014	Date of Injury:	05/02/2008
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/02/2014

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 Medicine 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 54-year-old female who reported an injury on 05/02/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 09/02/2014 indicated diagnosis of cervicalgia. The injured worker reported constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above shoulder level. The injured worker described the pain as dull that radiated into the upper extremities, associated with headaches that were migrainous in nature, as well as tension between the shoulder blades. The injured worker reported the pain was improving and rated the pain a 6/10. On physical examination of the cervical spine, there was cellulitis and erythema around the surgical site. The injured worker's treatment plan included refill of medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included cyclobenzaprine, ondansetron, Omeprazole, and tramadol. The provider submitted a request for the above medications. A Request for Authorization dated 09/09/2014 was submitted for the above medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) HCL Tablets 7.5mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid) Page(s): 41-42.

Decision rationale: The CA MTUS Guidelines recommend cyclobenzaprine (Fexmid) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of documentation of efficacy and functional improvement with the use of cyclobenzaprine. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency. Therefore, the request for cyclobenzaprine is not medically necessary.

Ondansetron ODT tablets 8mg QTY: 30.00: 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, Ondansetron (Zofran).

Decision rationale: The Official Disability Guidelines do not recommend ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker had nausea or vomiting. In addition, the Official Disability Guidelines do not recommend ondansetron secondary to chronic opioid use. Additionally, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Omeprazole delayed release capsules 20mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68.

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

Decision rationale: The CA MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, and a history of peptic ulcers. There is also a risk with long term utilization of PPI (greater than 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did indicate the injured worker had gastrointestinal complications in the past. However, there was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the documentation submitted for review did not indicate the injured worker had peptic ulcers or perforations. Additionally, the request does not indicate a frequency for the Omeprazole. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER 150 mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The California MTUS Guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing the tramadol. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for tramadol is not medically necessary.