

Case Number:	CM14-0144730		
Date Assigned:	09/12/2014	Date of Injury:	10/08/2012
Decision Date:	11/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal 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 who sustained an injury on 10/08/12. No specific mechanism of injury was noted. As of 08/07/14 the injured worker continued to report ongoing low back pain that was aggravated by any activity. The injured worker's pain was 7/10 in intensity. The injured worker's physical exam noted ongoing paravertebral spasms and tenderness to palpation. There was loss of range of motion in the lumbar spine. There was abnormal sensation reported in the lower extremities without motor weakness. The injured worker was recommended to attend acupuncture treatment. Medications continued included Nalfon 400mg, Cyclobenzaprine 7.5mg, Ondansetron 8mg, omeprazole 20mg, and Tramadol ER 150mg. The injured worker's medications were denied on 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed Release 20mg #120: Upheld

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

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, proton pump inhibitors

Decision rationale: In regards to the use of Omeprazole DR 20mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this request is not medically necessary.

Ondansetron 8mg #30: 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 Chapter, Anti-emetics

Decision rationale: In regards to the use of Ondansetron 8mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. Ondansetron is FDA indicated for the treatment of nausea and vomiting secondary to chemotherapy or radiation therapy as well as a post-operative medication. These indications are not present in the clinical record. Guidelines do not recommend the use of this medication to address nausea and vomiting as side effects of certain medications. The recommendation is to adjust the injured worker's medications to avoid these side effects. Given the off-label use of this medication, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 7.5mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Tramadol Extended Release 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, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Tramadol ER 150mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. Per guidelines, ongoing management with analgesics require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. There is no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse. As such, this request is not medically necessary.