MAXIMUS Federal Services

Case Number:	CM14-0146668		
Date Assigned:	09/12/2014	Date of Injury:	07/08/1996
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family 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:

This is a 49-year-old male with a 7/8/96 date of injury. According to a progress report dated 7/23/14, the patient complained of constant pain in the low back that radiated into the lower extremities. He rated is pain as a 7/10. He also reported constant pain in the bilateral knees with swelling and buckling and worsening, rated as an 8/10. Objective findings include palpable paravertebral muscle tenderness with spasm, restricted and guarded ROM of lumbar spine, tingling and numbness in the lateral thigh, anterolateral, and posterior leg as well as foot, tenderness to joint line of knee, and crepitus with painful ROM of knee. Diagnostic impression is internal derangement of knee, lumbago. Treatments to date include medication management, activity modification, physical therapy, surgery. A UR decision dated 8/13/14, denied the requests for Voltaren SR, Ondansetron, and Quazepam. Regarding Voltaren SR, the patient has been utilizing non-steroidal anti-inflammatory drugs (NSAIDs) with no functional improvement. NSAIDs should only be utilized for the shortest duration of time due to the risk of adverse side effects. Regarding Ondansetron, submitted records do not indicate that this patient is treated for chemotherapy, radiation treatments, or recent surgeries that would potentially warrant this medication. Regarding Quazepam, submitted records fail to indicate a diagnosis of insomnia which may warrant this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Voltaren SR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, Official Disability Guidelines (ODG) states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. In the reports reviewed, there is no documentation that the patient has had a trial and failed a first-line NSAID. In addition, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for 120 Voltaren SR 100mg is not medically necessary.

30 Ondansetron 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anti-emetics (for opioid nausea); Ondansetron (Zofran)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron)

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The Food and Drug Administration (FDA) states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is noted in the reports provided for review that Ondansetron is prescribed to treat nausea associated with the headaches that are present with chronic cervical spine pain. The FDA does not support Ondansetron in this situation. Therefore, the request for 30 Ondansetron 8mg is not medically necessary.

30 Quazepam 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The provider has prescribed Quazepam for sleep disturbances, such as insomnia. However, guidelines do not support the use of benzodiazepines for sleep disturbances. There is no documentation in the reports reviewed that the patient has any complaints of insomnia. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for 30 Quazepam 15mg is not medically necessary.