

Case Number:	CM14-0147972		
Date Assigned:	09/15/2014	Date of Injury:	03/30/2012
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 03/30/2012, due to an unknown mechanism. Diagnoses were cervicgia, lumbago, joint pain, leg. Physical examination on 04/18/2014 revealed constant severe pain of cervical spine and lumbar spine. There was also right knee and ankle pain reported. Examination revealed tenderness of the cervical spine and lumbar spine with spasm, right knee and ankle decreased range of motion. Straight leg raise was positive. Medications were not reported. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren ER) 100 mg once a day as needed #120: Upheld

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.

Decision rationale: The decision for diclofenac sodium ER (Voltaren ER) 100 mg once a day as needed #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for

short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There were no objective functional improvements or an objective decrease in pain reported for the use of this medication. There was no visual analog scale (VAS) pain score reported. There were no functional improvements, or activities of daily living reported for the injured worker. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Omeprazole 20mg Q12H #120: Upheld

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

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

Decision rationale: The decision for Omeprazole 20 mg Q12H #120 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The request does not indicate a frequency for the medication. The efficacy for this medication was not reported. There is a lack of objective improvement. Continued use of this medication would not be supported. Therefore, the request is not medically necessary.

Ondasetron 8mg ODT PRN #30: Upheld

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

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

Decision rationale: The decision for ondansetron 8 mg ODT PRN #30 is not medically necessary. The Official Disability Guidelines state ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Medications for the injured worker were not reported. There was no objective documentation stating why the injured worker is on this

medication. There were no other significant factors provided to justify the continued use. Therefore, this request is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5 mg Q8h PRN #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 Chronic Pain, Cyclobenzaprine, Page(s): page 41,64.

Decision rationale: The request for cyclobenzaprine hydrochloride tablets 7.5 mg Q8h PRN, quantity 120, is not medically necessary. The California Medical Treatment Utilization Schedule 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 to 3 weeks. The efficacy of this medication was not reported. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

Tramadol ER 150mg once a day as needed #90: Upheld

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

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

Decision rationale: The decision for tramadol ER 150 mg once a day as needed #90 is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic 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. The medical guidelines 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 behaviors. The 4 A's for ongoing monitoring were not reported. The clinical information submitted for review does not provide evidence to justify continued use of this medication. Therefore, this request is not medically necessary.