

Case Number:	CM14-0149229		
Date Assigned:	09/18/2014	Date of Injury:	07/14/2011
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 Texas and 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 patient is a 49 year old who was injured on 7/14/2011. The diagnoses are cervicgia, neck pain and headache. The past surgery history is significant for C5-C7 fusion. The patient completed PT and exercise program. On 8/11/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities. The patient also complained of headache and decreased physical function due to a recent flare up of the musculoskeletal pain. The physical examination was consistent with normal sensory and motor functions. The medications are naproxen and tramadol for pain, cyclobenzaprine for muscle spasm, omeprazole and ondansetron for the prevention and treatment of medication induced gastrointestinal side effects. A Utilization Review determination was rendered on 8/25/2014 recommending modified certification for fenoprofen calcium 40 #120, omeprazole 20mg #120, ondansetron 8mg #30, cyclobenzaprine 7.5mg 3120 and tramadol 150mg ER #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 40 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68,71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with renal, gastrointestinal and cardiovascular side effects. The records indicate that the patient is utilizing Naproxen, a NSAID medication. The utilization of multiple NSAIDs increases the incidence and severity of the complication. The criteria for the use of fenoprofen calcium 40 #120 has not been met and thus, is not considered medically necessary.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,GI Symptoms and Cardiovascular Risk. Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The chronic use of NSAIDs in patients with a history of gastritis or peptic ulcer disease is associated with increased risk of severe gastrointestinal side effects. The records did not indicate the presence of co-existing gastrointestinal disease. It is recommended that the dosage of NSAIDs be limited to the lowest possible dose. The criteria for the use of omeprazole 20mg #120 has not been met and thus, is not considered medically necessary.

Ondansetron ODT 8mg #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,Pain ,Antiemetics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines do not recommend the chronic use of antiemetic for the treatment of opioids related nausea and vomiting. The nausea and vomiting associated with the chronic use of opioids is self-limiting. The use of ondansetron is only indicated for the treatment of perioperative and chemotherapy induced nausea and vomiting. The criteria for the use of ondansetron ODT 8mg #30 has not been met and thus, is not considered medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized during exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction and adverse interaction with sedatives. The records indicate that the patient has utilized cyclobenzaprine longer than the recommended maximum duration of 6 weeks. The criteria for the use of cyclobenzaprine 7.5mg #120 has not been met and thus, is not considered medically necessary.

Tramadol ER150 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93,94.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of chronic musculoskeletal pain when the patient has exhausted treatment with non-opioid medications, PT, exercise and surgical options. The records indicate that the patient has failed treatment with non-opioid medications, PT and cervical spine surgery. There are no reported aberrant behaviors or opioid related adverse effects. The use of tramadol is associated with less adverse effects than pure opioid agonist. The criteria for the use of Tramadol 150mg ER #90 has been met and is medically necessary.