

Case Number:	CM14-0149248		
Date Assigned:	09/18/2014	Date of Injury:	01/28/2012
Decision Date:	12/17/2014	UR Denial Date:	08/11/2014
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 Connecticut. 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:

After careful review of the medical records, this is a 49-year-old female with complaints of low back pain. The date of injury is 01/28/12 and the mechanism of injury was not documented. At the time of request for diclofenac sodium 100 mg, omeprazole 20 mg, ondansetron 8 mg, cyclobenzaprine 7.5 mg and tramadol 150 mg, there is subjective (sharp constant low back pain with radiation into the lower extremities, 7/10; pain aggravated by bending, lifting, twisting, pushing, prolonged sitting, prolonged standing walking multiple blocks.) and objective (paravertebral muscle tenderness with spasms, positive seated nerve root test, guarded standing flexion and extension and restricted, tingling and numbness in the lateral thigh, anterolateral leg and foot in an L5 dermatomal pattern, and 4/5 strength in the EHL, an L4 innervated muscle) findings, imaging/other findings (scheduled for EMG/NCV), current medications (diclofenac sodium, cyclobenzaprine hydrochloride, sumatriptan succinate, Ondansetron ODT, omeprazole, quazepam, tramadol hydrochloride, Cidaflex, Ketoprofen, Norco, Levofloxacin, Menthoderma gel, and Terocin patch.), diagnosis (lumbago), and treatment to date (pain medications). No documentation of UDS, diagnostic studies, surgeries and previous treatments. The request for diclofenac sodium 100 mg #120, omeprazole 20 mg, #120, and ondansetron 8 mg #30 were denied and cyclobenzaprine 7.5 mg #120 was modified to #20 and tramadol 150 mg #90 was modified to #60 on 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100 mg.#120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, "NSAIDs" such as Diclofenac are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is no documented failure of first line NSAIDs ie ibuprofen/naproxen either over the counter or prescription strength as well as little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use; the pain is rated 8-9/10. In the absence of objective functional improvement, the medical necessity for Diclofenac Sodium 100 mg #120 has not been established.

Omeprazole 20 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/PPI Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Proton pump inhibitors(PPIs)

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), Omeprazole (PPI) is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records in this case do not establish the patient is at significant risk for GI events / risks as stated above. Therefore, the medical necessity of the request for Omeprazole 20 mg, #120 is not established at this time.

Odansetron 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Ondansetron (Zofran)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines (ODG), Antiemetics (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is also FDA-approved for gastroenteritis. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy /radiation treatment or any signs and symptoms of acute gastroenteritis, the request for Ondansetron 8mg #30 is not medically necessary according to the guidelines.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril/muscle relaxants Page(s): 41, 64-65.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do document the presence of substantial spasm to warrant antispasmodic therapy. In this case, Chronic use of this medication is not recommended and there is no established limited duration of treatment by the requesting physician (the requested amount does not support limited duration treatment). Therefore, the medical necessity of the request for Cyclobenzaprine 7.5mg #120 is not established per guidelines.

Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Tramadol

Decision rationale: According to the California Medical Treatment Utilization Schedule MTUS Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic (as it is a Schedule IV opioid), it is indicated for moderate to severe pain. The California MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects,

physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, a diverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance nor any documentation of any surveillance of drug therapy(aberrant behavior,pain contract,pill counts). Therefore, the medical necessity of Tramadol 150mg #90 has not been established.