

Case Number:	CM14-0150893		
Date Assigned:	09/19/2014	Date of Injury:	01/14/2011
Decision Date:	10/22/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation 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 reported injury on 01/14/2011. The mechanism of injury is repetitive physical activities. The prior treatments included surgery, physical therapy, and wrist splints. The injured worker underwent an MRI of the lumbar spine and electromyography as well as x-rays. The injured worker's surgical history included a carpal tunnel release and left shoulder surgery. The diagnoses included lumbar discopathy with radiculopathy and left carpal tunnel syndrome. The injured worker's medication included Aleve 4 to 5 tablets daily. The injured worker was noted to be utilizing Anaprox 550 mg twice a day and Prilosec 20 mg twice a day since 2012. The most recent documentation submitted for review was dated 07/10/2014 which revealed the injured worker had constant low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting or standing, and walking multiple blocks. There was radiation of pain into the lower extremities. Objective examination revealed the injured worker had palpation paravertebral muscle tenderness with spasm. The seated nerve root test was positive. The standing flexion and extension were guarded and restricted. There was numbness and tingling in posterior leg and lateral foot in an S1 dermatomal pattern. There was full strength in the ankle plantar flexors, an S1 innervated muscle. The treatment plan included medications being refilled under a separate cover letter, and a continuation of physical therapy. The diagnoses included lumbar disc displacement and carpal tunnel syndrome. The injured worker underwent an x-ray of the lumbar spine on 06/24/2014. There were flexion and extension radiographs taken on 06/12/2014 which revealed disc space height collapse of L5-S1 with some instability. There was no Request for Authorization submitted for review. The specific medications requested were not provided per the physician documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg, #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 California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for the short term symptomatic relief of low back pain. The clinical documentation submitted for review failed to meet the objective functional improvement and objective decrease in pain. The duration of these could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Diclofenac ER 100mg, #120 is not medically necessary.

Omeprazole 20mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Additionally, injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors. The clinical documentation submitted for review failed to provide documentation that the injured worker was at risk. Additionally, the request for the NSAID was found to be not medically necessary. As such, this request would not be medically necessary. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the request medication. Given the above, the request for Omeprazole 20mg, #120 is not medically necessary.

Ondansetron 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 Chapter

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, Ondansetron

Decision rationale: The Official Disability Guidelines indicate that antiemetics including ondansetron are not recommended for opioid induced nausea and vomiting. The clinical documentation submitted for review failed to provide documented rationale for the request. There was no physician documentation submitted for review requesting the medication. There was a lack of documented rationale. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for Ondansetron 8mg, #30 is not medically necessary.

Cyclobenzaprine 7.5mg, #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 Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The duration of use could not be established. There was a lack of documented rationale for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine 7.5mg, #120 is not medically necessary.

Tramadol er 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 Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. The clinical documentation submitted for review failed to meet documentation of objective functional improvement, and objective decrease in pain and documentation of the injured worker is being monitored for aberrant drug behavior and side effects the above criteria. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol er 150mg, #90 is not medically necessary.