

Case Number:	CM14-0160069		
Date Assigned:	10/14/2014	Date of Injury:	04/26/2012
Decision Date:	12/19/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with the date of injury of 04/26/2012. The patient presents with pain in his neck, lower back and knees bilaterally. The patient rates his neck pain as 5/10 on the pain scale, low back pain as 6/10 and knee pain as 8/10. There is palpative paravertebral muscle tenderness with spasm. The range of cervical motion is limited with pain. The range of lumbar standing and extension motion are guarded and restricted. There is crepitus with painful range of knee motion bilaterally, but no clinical evidence of instability. The patient experiences locking, popping and buckling on both of his knees. The patient had left shoulder rotator cuff tear on 10/25/2013, right knee surgery in 2008, left knee surgery in 2006 and tumor removal from the back right thigh in 2003. Per AME's report on 06/24/2014, the physician has kept requesting authorization of Naproxen sodium, Cyclobenzaprine Hydrochloride, Ondansetron and Omeprazole since at least 06/23/2013 and asked the continuation of authorization of these above medications on 04/01/2014. The patient returns to modified work. Diagnoses on 08/15/2014) Cervicalgia2) Lumbago3) Int Derangement Knee Nos4) Carpal tunnel syndromeThe utilization review determination being challenged is dated on 09/30/2014. Treatment reports were provided from 01/09/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The 08/26/2014 progress report indicates that "Omeprazole is being prescribed to the patient for GI symptoms. It should be taken one capsule by mouth every 12 hours as needed for upset stomach, in conjunction with the pain and anti-inflammatory medication. The patient has a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain. In this case, the physician states that the patient has GI symptoms with NSAIDs but does not provide the details of NSAIDs, such as how long and/or how much the patient has been on. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. Therefore, Omeprazole 20mg #120 is not medically necessary.

Ondansetron 8mg #30: Upheld

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

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) chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient presents with pain in his neck, lower back and knees bilaterally. The patient is s/p multiple surgeries including both of knee surgeries. The request is for Ondansetron 8mg #30. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetic, not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran): This drug 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. The physician is prescribing Ondansetron for nausea associated with headaches, radiating from his neck pain. Given the lack of support from the guidelines for the use of this medication for nausea associated with chronic pain, therefore, Ondansetron 8mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: MTUS guidelines page 63-66 states: Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. AME's report on 06/24/2014 supports the physician's list of medications including Flexeril which appears to have been prescribed since 4/1/14. Review of the reports shows that although the physician indicates short-term use of this medication, the prescription is for #120, and the reports show on-going prescription. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Therefore, Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: Regarding chronic opiate use, MTUS guidelines page 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports discuss analgesia, ADL's or opiates management issues such as urine toxicology, CURES, pain contract, etc. It would be reasonable for the patient to take some opiates for post-operative pain and this was authorized by UR for #30. The current #60, for more chronic condition, require documentation of the four A's. Given the lack of such documentation, therefore, Tramadol ER 150mg #90 is not medically necessary.

Chiro x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain in his neck, lower back and knees bilaterally. The patient is s/p multiple surgeries including both of knee surgeries. The request is for 12 visits

of chiropractic treatment. Utilization review letter on 09/08/2014 indicates that the patient had completed chiropractic treatment without benefit, and the guidelines do not allow more visits. MTUS guidelines allow trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for low back pain. In this case the physician has asked for 12 sessions of Chiro treatments but does not discuss how the patient has responded to these treatments in the past, how many the patient has had and what the current goals are other than for subjective improvement. Therefore, Chiro x12 is not medically necessary.