

Case Number:	CM14-0163891		
Date Assigned:	10/08/2014	Date of Injury:	05/19/2014
Decision Date:	12/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 5/19/2014. Diagnoses include cervicalgia and lumbago with radiation to left leg. Treatment plan includes physical therapy for cervical spine and medications. The requests are for fenoprofen 400 mg #120, omeprazole 20 mg #120, ondansetron 8 mg #30, cyclobenzaprine 7.5 mg #120, tramadol ER 150 mg #90 and sumatriptan 25 mg #9 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Fenoprofen 400 mg # 120 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as the initial dose for pain is 200 mg three to four times

daily. There is no documentation any trials of lower doses of Fenoprofen or other NSAID agents. Lacking this, Fenoprofen 400 mg #120 is not medically indicated.

Omeprazole 20mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document a history of gastrointestinal symptoms when the claimant took NSAID in the past. However, since the NSAID requested in this case is denied, Omeprazole 20 mg #120 is not medically indicated since there are no other active industrially related gastrointestinal symptoms.

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 (ODG) Pain Procedure Summary, antiemetics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics, Chronic pain, Antiemetics for opioids related nausea

Decision rationale: CA MTUS is silent on the use of Ondansetron. Per ODG guidelines, Antiemetics such as Ondansetron are not recommended for nausea and vomiting secondary to chronic opioid use. The rationale used in this request is that the claimant has headaches, which are migraines in nature and associated with nausea. However, the subjective and objective sections of the medical record do not describe any complaint of headache, assessment of the cause of the headache and do not mention any nausea. The only diagnoses given are cervicalgia and lumbago. Ondansetron is not medically indicated.

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they

may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record indicates an intention to use cyclobenzaprine sparingly for what is described as an acute exacerbation. However, the #120 requested far exceeds what would reasonably be considered sparing use for an acute exacerbation. Cyclobenzaprine 7.5 mg #120 is not medically indicated.

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case states that tramadol has helped in the past with the claimant's pain but does not offer validated support or improvement in pain or specific assessment of functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with Tramadol.

Sumatriptan Succinate 25mg, #9 x 2: 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) Head, triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Migraine/triptans

Decision rationale: CA MTUS is silent on the use of triptans such as sumatriptan. ODG describes triptans as appropriate for use for treatment of migraines. The rationale used in this request is that the claimant has headaches, which are "migraines in nature". However, the subjective and objective sections of the medical record do not describe any complaint of headache, assessment of the cause of the headache and do not mention any nausea. The only diagnoses given are cervicgia and lumbago. As there is no diagnosis of headache or migraine, sumatriptan is not medically indicated.