MAXIMUS Federal Services

Case Number:	CM14-0168097		
Date Assigned:	10/15/2014	Date of Injury:	11/18/2010
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine 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 (IW) is a 59-year-old woman that apparently has back pain from a work injury dated November 18, 2010. There is no physician progress note supplied with this request addressing the prescribed medications. It is not clear what the injured worker's current symptoms are, what treatment may recently have been received and response to the same, and a rationale for the currently requested medication. The Primary Treating Physician's Progress Report (PR-2) dated September 23, 2014 reports that the IW has subjective complaints of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. There is radiation of pain into the upper extremities. There are associated headaches are migranious in nature as well as tension between the shoulder blades. The IW is improving; on a scale of 1 to 10 the pain is a 5. Objective finding of the cervical spine reveal palpable and paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. No clinical evidence of stability on exam. Circulation of the lower extremities is fill. Coordination and balance are intact. Sensation and strength are normal. Bilateral upper and lower extremities remain unchanged. Diagnoses include: Cervicalgia, lumbago, internal derangement of bilateral knees, shoulder impingement, rule out rotator cuff pathology, and carpal tunnel syndrome. Documentation indicated that medication refills are being ordered under a separate cover letter. That list of medications was not provided for review in this medical record. Other documentation states that the plan of care was discussed with the IW, however, the details of that plan were not provided in the medical record for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 91-93. Decision based on Non-MTUS Citation Tramadol

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines, Tramadol ER 150 mg #90 is not medically necessary. Tramadol is a synthetic opiate that affects the central nervous system. It is not a controlled substance according to the DEA. Tramadol is indicated for moderate to severe pain. Tramadol is an opiate and the treatment plan needs to be established. In this case, there are detailed medical records, however the medical records do not address the medications/prescriptions ordered by the treating physician. The diagnoses are cervical discopathy, lumbar discopathy, bilateral carpal tunnel syndrome, shoulder impingement rule out rotator cuff pathology and internal derangement bilateral knees. The treatment plan contains a discussion that states: "preoperative medicines are being requested under separate cover letter. There is no information in the medical record regarding what treatment (including medication, PT) the patient has received, the response to treatment, and the rationale for the currently requested medications. Additionally, there is no treatment plan in the medical record. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Tramadol ER one 50 mg #90 is not medically necessary.

Cyclobenzaprine Hydrochloride Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 42. Decision based on Non-MTUS Citation Muscle Relaxants

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine #120 is not medically necessary. Cyclobenzaprine is used for a short course of therapy. The effect is modest with the greatest effect in the first four days, again suggesting shorter courses may be better. Treatment should be brief. In this case, as described above, the medical record contains multiple consultations; however the medical record is missing information regarding current signs and symptoms, their response to treatment, what treatments (including medicines, physical therapy) have been rendered to date, the injured worker's response to treatment and the rationale for the current requested medication (cyclobenzaprine). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine (Flexeril) #120 is not medically necessary.

Omeprazole 20 Mg Quantity: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI and Cardiovascular risks; Page(s): 68-69.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, Omeprazole 20 mg #120 is not medically necessary. The guidelines recommend Omeprazole if the injured worker is at risk for a G.I. related event such as bleeding or practical to disease, greater than 65 years and/or takes high doses of nonsteroidal anti-inflammatory drugs. If the G.I. risk is moderate or high, omeprazole or drugs like omeprazole, are indicated. In this case, as noted above the medical record contains multiple consultations, however the medical record is missing clinical information regarding current signs and symptoms, their response to treatment, what treatments including medications and physical therapy have been rendered, the injured worker's response to treatment and the current rationale for the current requested medication (omeprazole). Based on the clinical information in the medical record and the peer review evidence-based guidelines, omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8mgquantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Electronic Library Online 2002-2006 Thomson PDR

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html

Decision rationale: Medline plus provides guidance for Ondansetron (Zofran). Zofran, however, is not medically necessary. Zofran is used to prevent nausea and vomiting caused by surgery, cancer chemotherapy and radiation therapy. In this case, as noted above, the medical record does not contain any clinical information regarding current signs and symptoms, their response to treatment, what treatments including medications and physical therapy have been rendered, the injured worker's response to treatment and the current rationale for the current requested medication. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines Zofran, Ondansetron, is not medically necessary.

Levofloxacin 750mg Quantity: 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 Levaquin: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601154.html

Decision rationale: Medline plus provides guidance for Levaquin, Levaquin, however, is not medically necessary. Levofloxacin injection is used to treat infections such as pneumonia; chronic bronchitis; and sinus, urinary tract, kidney, prostate (a male reproductive gland), and skin infections. In this case, as noted above, the medical record does not contain any clinical information regarding current signs and symptoms, their response to treatment, what treatments including medications and physical therapy have been rendered, the injured worker's response to treatment and the current rationale for the current requested medication. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines Levaquin, is not medically necessary.