

Case Number:	CM14-0176444		
Date Assigned:	10/29/2014	Date of Injury:	06/15/2000
Decision Date:	12/05/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/24/2014

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:

Pursuant to the progress note dated August 25, 2014, The IW complains of ongoing low back pain, tenderness and spasms. Her had positive seated root test, and decreased range of motion. Pain is rated 8/10 with radiation to the lower extremities. Pain in noted to be unchanged. Physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension are guarded and restricted. Circulation in the lower extremities if full; coordination and balance are intact. Sensation and strength are normal. The IW was diagnosed with lumbago, and retained symptomatic hardware. Current medications include: Fenoprofen Calcium 400mg, Cyclobenzaprine 7.5mg, Ondansetron ODT 8mg, and Tramadol ER 150 mg which the IW was taking since at least June 19, 2014 according to documentation. The provider indicating that he was prescribing the Flexeril for muscle spasms, but noted that the IW would also benefit from the off label capacity as a sleep aid as chronic pain experienced does cause sleep disruption. There was no mention of Levofloxacin 750mg #30 in the medical record or documentation of ongoing infection. The IW was given an intra-articular injection of 3cc Celestone with 7cc Lidocaine and 7cc Marcaine administered into the right lumbar hardware block with immediate relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Criteria for opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #90 is not medically necessary. The guidelines state with ongoing management of opiates there needs to be ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function for improved quality of life. The lowest possible dose is prescribed to improve pain and function. In this case, the injured worker was injured June 15 of 2000. There has been ongoing low back pain, tenderness, spasms decreased range of motion and pain is rated eight out of 10. Pain is noted to be unchanged. Medical documentation does not appear to reflect overall objective functional improvement. Tramadol was continued despite the fact that there is no change in pain and overall function. Consequently tramadol ER 150 mg #90 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol ER 150mg #90 is not medically necessary.

Cyclobenzaprine #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 Cyclobenzaprine Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine #120 is not medically necessary. Guidelines recommend non-sedating muscle relaxants as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines recommend Cyclobenzaprine for short course of therapy. In this case, Cyclobenzaprine is being utilized for long-term treatment and the documentation does not contain compelling evidence for its prolonged/long-term use. Cyclobenzaprine is a short-term muscle relaxes. Additionally despite the chronic use cyclobenzaprine, the injured worker continues to have ongoing pain rated eight out of 10. Consequently, cyclobenzaprine is not medically necessary. Also, there is no strength on the Cyclobenzaprine request. The request contains #120 (quantity). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine #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 NSAI, GI Effects and Cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAI, GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Omeprazole 20 mg #120 is not medically necessary. Omeprazole is taken in conjunction with nonsteroidal anti-inflammatory drugs if the patient is at risk for certain gastrointestinal events: age greater than 65 years; history of peptic disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulant; and high-dose or multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker does not have any co-morbid problems consistent with the aforementioned risk factors. There is no history of peptic disease, concurrent aspirin use, or G.I. bleeding. Consequently, Omeprazole is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #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 (ODG), Pain Chapter, Antiemetics

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: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #30 is not medically necessary. Zofran is not recommended for nausea and vomiting secondary to chronic opiate use. Zofran is recommended by the FDA and approved for nausea and vomiting associated with chemotherapy, radiation therapy and postoperative use. In this case, the injured worker is not receiving chemotherapy or radiation therapy and is not postoperative. Consequently, Zofran is not medically necessary for the clinical conditions in the aforementioned injured worker. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Zofran 8 mg #30 is not medically necessary.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Health, Levofloxacin (By Mouth)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601154.html>

Decision rationale: Pursuant to MEDLINEplus (see attached link), Levaquin 750 mg #30 is not medically necessary. Levaquin is used to treat infections such as pneumonia, chronic bronchitis, urinary tract infections, kidney, prostate and skin infections. For additional information please see attacks linked. In this case, there was no documentation in the record to support daily use of Levaquin 750 mg for 30 days. Consequently, Levaquin 750 mg #30 is not medically necessary. Based on the clinical information and medical record and peer-reviewed evidence-based guidelines, Levaquin 750 mg #30 is not medically necessary.