MAXIMUS Federal Services

Case Number:	CM14-0180489		
Date Assigned:	11/05/2014	Date of Injury:	11/01/2010
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Practice and is licensed to practice in Ohio. 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 47-year-old male the date of injury of November 1, 2010. He developed low back pain and right knee pain while carrying targets for the police shooting range. He complained of ongoing right knee pain and low back pain which has a radicular component. In February 2012 he underwent a right knee arthroscopy which revealed a torn medial meniscus and chondromalacia. The physical exam reveals diminish lumbar range of motion with a positive seated nerve root test and paravertebral muscular spasm of lumbar spine. The right knee reveals diminished flexion, a positive patellofemoral crepitus exam and a positive grind test. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, chondromalacia of the knee, and a torn medial meniscus. The medications primarily had included anti-inflammatories and muscle relaxants. On September 23, 2014 he was documented to be having a flare of his pain and hence Tramadol ER was added.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #120: Overturned

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 NSAIDS Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs are recommended for osteoarthritis including the knee and hip. They are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Nalfon is an anti-inflammatory medication known generically as Fenoprofen. The injured worker certainly has osteoarthritis of the right knee and there is documentation that the medication is helpful for his pain. The previous reviewer felt the injured worker was still taking Naproxen, also an anti-inflammatory, which would have meant the injured worker would be taking two NSAIDs. It appears, however, that the addition of Nalfon represents a change from Naproxen and not an addition to Naproxen. Therefore, Nalfon 400mg #120 is medically necessary.

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 NSAIDs Page(s): 68.

Decision rationale: For those being prescribed NSAIDs it should be determined if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Those with risk factors for gastrointestinal events like ulcers should be prescribed a proton pump inhibitor such as omeprazole to help mitigate the risk. In this instance, the injured worker would appear to possess none of these risk factors. Therefore, 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 (chronic)

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), Antiemetics (for opioid nausea)

Decision rationale: Ondansetron (Zofran) is a drug which 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. Acute use is FDA-approved for gastroenteritis. Zofran is not recommended for nausea and vomiting secondary to chronic

opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for.In this instance, the rationale for the prescription of Ondansetron cannot be ascertained from the notes provided. It appears that the provider checked a box indicating that the use of this medication was for nausea associated with migraine headaches as a result of chronic neck pain. Documentation for that likewise cannot be ascertained from the notes provided. The reviews of systems available for examination reveal no nausea, heartburn, or abdominal pain. Therefore, 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 (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in themanagement of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this instance, it appears that the cyclobenzaprine has been in use prior to the currently requested prescription and the quantity currently requested is for an amount providing 6 weeks of continuous therapy. Because the duration of therapy appears to exceed that which is recommended, Cyclobenzaprine 7.5mg #120 is not medically necessary.

Tramadol 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 Opioids Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed

(Max dose 300mg/day).In this instance, the prescription for tramadol ER appears to be new. This medication appears to have been added because of the recent increase in pain. This medication was thought not to be medically necessary previously as it was believed the injured worker was already taking Norco. However, this reviewer can find no recent documentation that the injured worker is in fact taking Norco. Because the addition of tramadol ER is for an acute exacerbation, the guidelines pertaining to chronic opioid therapy do not apply. The injured worker had already been taking anti-inflammatory medication and therefore the addition of a relatively weak opioid is appropriate for pain flares. Hence, Tramadol ER 150mg #90 is medically necessary.