MAXIMUS Federal Services

Case Number:	CM14-0094888		
Date Assigned:	09/10/2014	Date of Injury:	01/06/2011
Decision Date:	10/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Pain 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 is a 66-year-old male who reported an injury on 01/06/2011. The mechanism of injury was not provided. On 04/24/2014 the injured worker presented with moderate to severe pain in the low back and shoulder. Upon examination of the lumbar spine, there was positive tenderness to palpation over the paralumbar musculature and positive muscle spasm. There was a positive bilateral straight leg raise and diminished sensation to the L3-4 left lower extremity and right lower extremity. The diagnoses were degenerative disc disease of the lumbar spine, herniated disc lumbar spine, chronic intractable lower back pain, radiculopathy effecting bilateral L4 and L5 dermatomal distributions, and neuropathic pain. Current medications included cyclobenzaprine, diclofenac XR, omeprazole, ondansetron, tramadol, and Wellbutrin. The provider recommended diclofenac for anti-inflammatory, omeprazole for reducing NSAID gastritis prophylaxis, tramadol for chronic pain relief, and ondansetron for countering the effects of nausea from NSAID prophylaxis. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Diclofenac XR 100mg, #69 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risks of cardiovascular events, including MI (myocardial infarction), stroke, onset and worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records providing a complete and adequate pain assessment and the efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Omeprazole 20mg, #60: 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 NSAIDs, Page(s): 70.

Decision rationale: The request for Omeprazole 20mg, #60 is not medically necessary. According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The provider recommended omeprazole for prophylactic purposes to counter gastrointestinal symptoms due to NSAID therapy. The guidelines do not recommend prophylactic treatment. There are no signs and symptoms of any gastrointestinal events. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Tramadol ER 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Tramadol ER 150mg, #30 is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication

was not provided. A complete and adequate pain assessment of the injured worker was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Ondansetron 4mg #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

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

Decision rationale: The request for Ondansetron 4mg, #30 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting, secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks. Studies of opioid adverse effects include nausea and vomiting are limited to a short term duration have limited application to long term use. If nausea and vomiting remain for long, other etiologies of these symptoms should be evaluated for. The guidelines do not recommend ondansetron for nausea and vomiting secondary to NSAID use, therefore, the medication would not be indicated. The efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.