

Case Number:	CM14-0146201		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2009
Decision Date:	03/30/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2009. In a Utilization Review Report dated August 18, 2014, the claims administrator failed to approve requests for diclofenac, omeprazole, ondansetron, cyclobenzaprine, tramadol, and Imitrex. The claims administrator referenced an August 11, 2014 RFA form and an August 6, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On August 11, 2014, diclofenac, Prilosec, ondansetron, cyclobenzaprine, tramadol, and Imitrex were endorsed via an RFA form. No narrative commentary was attached. In a July 23, 2014 progress note, the applicant reported ongoing complaints of low back, knee, neck, and shoulder pain. MRI imaging of the lumbar spine and MRI imaging of the right knee were endorsed. Medications were renewed under a separate cover without any explicit discussion of medication efficacy. The applicant was permanently partially disabled and retired, it was acknowledged. In a prescription form dated August 6, 2014, the attending provider endorsed prescriptions for Voltaren, cyclobenzaprine, Imitrex, ondansetron, omeprazole, and tramadol through usage of preprinted checkboxes, with little to no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium ER 100mg #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 Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: No, the request for diclofenac, an antiinflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider simply renewed diclofenac or other medications without any explicit discussion of medication efficacy. The fact that the applicant was deemed permanently and partially disabled and had permanent work restrictions which remained in place, seemingly unchanged, from visit to visit, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of oral diclofenac (Voltaren). Therefore, the request was not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs)GI symptoms and ca.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was/is no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the July and/or August 2014 documents provided. Therefore, the request was not medically necessary.

Ondansetron ODT 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-Treatment for Worker's Compensation, Pain Antiemetics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: The request for ondansetron (Zofran), an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of ondansetron, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's personally experiencing any symptoms of nausea and/or vomiting, nor was there any evidence that the applicant had undergone any recent surgical intervention, cancer chemotherapy, radiation therapy, and/or surgery. Therefore, the request for ondansetron was not medically necessary.

Cyclobenzaprine hydrochloride 7.5 mg #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 (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including tramadol, Zofran, diclofenac, etc. Adding Flexeril (cyclobenzaprine) to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit, despite ongoing usage of tramadol. The attending provider's documentation failed to outline any material or meaningful improvements in function effected as a result of ongoing tramadol usage. The applicant was not working with previously imposed permanent limitations in place. The attending provider failed to outline any quantifiable decrements in pain (if any) effected as a result of ongoing tramadol usage. The attending provider's progress note did not contain any explicit discussion on medication efficacy. All of the foregoing, taken together, did not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.

Sumatriptan succinate 25mg #9x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Head

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Imitrex Label - Food and Drug Administration: INDICATIONS AND USAGE 174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without 175 aura in adults.

Decision rationale: Finally, the request for sumatriptan (Imitrex) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Imitrex, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should incorporate some discussion of the efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider's progress notes and documentation contained no references to the need for ongoing Imitrex usage. It was not clearly stated for what purpose Imitrex was being employed. While the Food and Drug Administration (FDA) does acknowledge that Imitrex is indicated in the treatment of migraine headaches, in this case, however, the attending provider's documentation failed to establish the presence of any active issues with migraine headaches for which ongoing usage of Imitrex would have been indicated. Therefore, the request was not medically necessary.