

Case Number:	CM14-0159310		
Date Assigned:	10/02/2014	Date of Injury:	07/22/2008
Decision Date:	01/05/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46-year-old female with a 07/22/2008 date of injury, when she was trying to lift a heavyset person while working as a caregiver. The patient underwent a L4-L5 posterior interbody fusion on 2/14/14. Per the reviewer's note dated 9/24/14, the patient was seen on 8/29/14 with complaints of 8/10 constant and sharp cervical spine pain radiating into the upper extremities associated with migraine headaches and tension between the shoulder blades. Exam findings of the cervical spine revealed tenderness with spasm in the paraspinal muscles, positive axial loading compression test, positive Spurling's maneuver and limited range of motion. The patient also reported tingling and numbness into the lateral forearm and hand and decreased strength in the wrist extensors and flexors, as well as biceps, triceps and finger extensors. The diagnosis is status post L4-L5 posterior lumbar interbody fusion, retained symptomatic lumbar spine and hardware, L3-L4 joint synovial pathology and transient lower extremity radiculitis. Treatment to date: lumbar surgery, work restrictions, physical therapy (PT) and medications. An adverse determination was received on 09/24/2014; however the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroid Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, the duration of treatment with Fenoprofen calcium is unknown and there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is no rationale with regards to the necessity for Fenoprofen Calcium for the patient. Therefore, the request for Fenoprofen Calcium 400mg #120 was 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Federal Drug Association (FDA); Omeprazole

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, there is a lack of documentation indicating that the patient suffered from gastrointestinal complaints or was diagnosed with gastric/duodenal ulcers, GERD or erosive esophagitis. In addition, there remains no documentation indicating that the patient was utilizing NSAIDs chronically. Therefore, the request for Omeprazole 20mg, #120 was 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)-TWC Pain Procedure Summary, Antiemetics (For Opioid Nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Association (FDA); Ondansetron.

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, there is a lack of documentation indicating that the patient suffered from nausea and vomiting. In addition, there is a lack of documentation indicating that the patient was receiving chemotherapy or radiation therapy. Therefore, the request for Ondansetron 8mg, #30 was not medically necessary.

Cyclobenzaprine Hydrochloride 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 Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. 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. However the physical examination dated 8/29/14 revealed tenderness with spasm in the cervical paraspinal muscles, there is a lack of documentation indicating subjective and objective functional gains from prior use of muscle relaxant. In addition, given that the patient's injury was over 6 years ago, the duration of treatment with muscle relaxant is not clear. Lastly, the Guidelines do not support long-term use of muscle relaxants. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg, # 120 was not medically necessary.

Tramadol 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Lastly, the recent urine drug screen (UDS) test was not available for the review. Non-certification here does not imply abrupt cessation for a

patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Tramadol 150mg, #90 was not medically necessary.