

Case Number:	CM14-0192625		
Date Assigned:	11/26/2014	Date of Injury:	07/01/2004
Decision Date:	01/14/2015	UR Denial Date:	10/26/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in 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 50 year-old female with a date of injury of July 1, 2004. The patient's industrially related diagnoses include cervical discopathy, radiculitis, and lumbar discopathy. The disputed issues are Omeprazole 20mg #120, Ondansetron 8mg #30, and Cyclobenzaprine HCL 7.5mg #120. A utilization review determination on 10/26/2014 had noncertified Omeprazole and Odansetron and modified Cyclobenzaprine to certify #60 tablets. The stated rationale for the denial of Omeprazole was: "The records do not document high dose NSAID use, other guideline risk factors for gastrointestinal events, or gastrointestinal symptomatology." The stated rationale for the denial of Ondansetron was: "The clinical information provided does not document any of these clinical indications. The provider indicated the medication is being used to nausea secondary to headaches and cervical spine pain." Lastly, the stated rationale for the modification of Cyclobenzaprine was: "After review of the clinical information provided, a short course of cyclobenzaprine is indicated. The provider notes muscle spasms in the cervical paraspinals with no note of any current muscle relaxant used by the patient.... However, the quantity requested appears to exceed the maximum number recommended by the guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Omeprazole 20 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a 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)." Within the documentation available for review, the treating physician documented that the injured worker had a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain. Therefore, Omeprazole was prescribed for upset stomach in conjunction with Fenoprofen to prevent any GI complications from taking these medications. With the documented history of gastrointestinal events with previous NSAID use, the injured worker is at intermediate risk for gastrointestinal events. As the request for Fenoprofen was certified, the currently requested Omeprazole 20mg is also medically necessary at this time.

30 Ondansetron 8 mg: 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)

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

Decision rationale: In regard to the request for Ondansetron ODT 8mg (Zofran), California Medical Treatment and Utilization Schedule does not specifically address the antiemetic Ondansetron. Therefore the Official Disability Guidelines Pain chapter was consulted. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea, and vomiting secondary to chemotherapy, and acute use for gastroenteritis. In the documentation available for review, there was no indication that the injured worker has nausea as a result of any of these diagnoses. The treating physician indicated that Ondansetron was prescribed for nausea associated with headaches that are present with chronic cervical spine pain, which is not an FDA-approved indication and therefore is not recommended. In light of these issues, the currently requested Ondansetron ODT 8mg #30 is not medically necessary.

120 Cyclobenzaprine HCL 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: In regard to the request for Cyclobenzaprine 7.5mg #120, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy and not for chronic use. According to studies regarding Cyclobenzaprine, the greatest effects appear in the first 4 days of treatment and guidelines do not recommend the use of this medication for longer than 2-3 weeks. In the documentation available for review, there was indication of palpable paravertebral muscle tenderness with spasm of the cervical spine. Furthermore, it does not appear that this medication was recently prescribed according to older progress reports (although previous medication lists were not provided for review). According to the guidelines, Cyclobenzaprine is recommended in the case of this injured worker for up to 2-3 weeks. However, the quantity for this request exceeds the recommended quantity to allow for a 2-3 week trial, and unfortunately there is no provision to modify the current request to allow for a smaller quantity. Based on the documentation, the currently requested Cyclobenzaprine 7.5mg quantity #120 is not medically necessary. The UR determination should be upheld.