

Case Number:	CM14-0210450		
Date Assigned:	12/23/2014	Date of Injury:	09/15/1999
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 patient is a 60-year-old male with an initial date of injury of 07/22/1997. The patient's diagnoses include cervical/lumbar discopathy, cervicgia, cubital tunnel syndrome, left knee osteoarthritis and internal derangement, right knee pain and chronic pain syndrome. His neck and shoulder pain is rated as an 8 to 9 on a scale of 1 to 10. His back and knee pain is rated as a 9 on a scale of 1 to 10. This is according to medical documentation from 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: This is a review for the requested Omeprazole 20 mg #120. Omeprazole is a proton pump inhibitor used to treat patients with dypepsia, peptic ulcer disease or patients taking

Nonsteroidal Antiinflammatory Drugs (NSAIDs) who are also at intermediate to high risk for gastrointestinal events. According to the MTUS Guidelines, the first step is to determine if the patient is at risk for gastrointestinal events based on several criteria. There is no documented evidence of evaluation and determination of risk for gastrointestinal events. There is no documented subjective complaints or objective evidence of acid reflux, dyspepsia or peptic ulcer disease. MTUS Guidelines recommend Non-selective NSAIDs in patients without risk factors. Proton pump inhibitors, such as omeprazole, are only recommended for patients with intermediate to high risk for gastrointestinal events. Therefore, the above listed issue is considered to be NOT medically necessary.

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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 use) Ondansetron.

Decision rationale: This is a review for the requested Ondansetron 8 mg ODT #30. MTUS Guidelines are silent with respect to this specific drug. The ODG, however, does not recommend ondansetron for nausea associated with opioid use. Although nausea and vomiting is common with opioids these tend to decrease over a period of days to weeks. If nausea and vomiting persists with opioid treatment then the recommendation is to evaluate for other reasons/etiologies for these symptoms and/or to stop the opioid that is causing these side effects. For these reasons the above listed issue is considered NOT medically necessary.

Sumatriptan Succinate 25mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>

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

Decision rationale: This is a review for the requested Sumatriptan Succinate 25 mg #18. The MTUS Guidelines are silent with regard to Sumatriptan (Imitrex). The ODG recommends Imitrex and triptans for migraine sufferers. There is no documented diagnosis of migraine headaches in this patient. Therefore, the above listed issue is considered NOT medically necessary.

Cyclobenzaprine 8mg ODT #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Medication for Chronic Pain, Antispasmodics Page(s): 41-42, 48, 60-64.

Decision rationale: This is a review of the request for Cyclobenzaprine 8 mg ODT #30. Cyclobenzaprine (Flexeril) is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is recommended as a short course of therapy for the management of back pain. However, according to MTUS Guidelines muscle relaxants, in general, should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. As a central nervous system depressant the side effects of cyclobenzaprine include drowsiness, urinary retention and headaches. MTUS Guidelines do not recommend chronic use of Cyclobenzaprine. Therefore, the above listed issue is considered to be NOT medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-91.

Decision rationale: This is a review for the requested Tramadol ER 150mg #90. Tramadol is a synthetic opioid. According to the MTUS guidelines opioid therapy is recommended for short-term pain relief only after the patient has failed a trial of non-opioid analgesics. There is no clearly documented evidence of failure of a trial of non-opioid analgesics. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy. For on-going management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. In addition, only the lowest possible dose should be prescribed to improve pain. Patients who are not on immediate release tramadol should only be started at 100 mg once daily of tramadol ER. There is no documented medical evidence of the lowest dose necessary for improvement of pain. There is no documented medical evidence of a prescription for Tramadol immediate release and no evidence of starting with 100 mg of Tramadol ER with incremental titration. Therefore, the above listed issue is considered NOT medically necessary.