

Case Number:	CM14-0214312		
Date Assigned:	01/07/2015	Date of Injury:	04/16/2002
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 59 year old female with an injury date of 04/16/02. The 10/01/14 and 10/27/14 reports by [REDACTED] states that the patient presents with constant lower back pain with radiation into the lower extremities rated 9/10. She is permanently partially disabled. It is unclear if she is working. Examination of the lumbar spine shows tenderness to palpation of the paravertebral muscles with spasm and positive seated nerve root test. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot for the L5 and S1 dermatomes. The patient's diagnoses include: 1. Lumbosacral neuritis. 2. Lumbago s/p L&D with failed back. 3. Severe lower extremity radicular type pain with lumbar discopathy and EMG evidence of chronic right L5 radiculopathy. The patient has attempted numerous therapies and multiple ESI's up to 3 a year for the last 7-8 years. A surgical request is being submitted for L3 to L5 posterior lumbar interbody fusion. The treater is requesting physical therapy and acupuncture for the lumbar spine. Medications are listed as Diclofenac, Omeprazole, Ondansetron, Cyclobenzaprine, and Tramadol. The utilization review is dated 12/01/14. Reports were provided for review from 05/06/13 to 10/27/14.

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, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The patient presents with lower back pain radiating into the lower extremities rated 9/10. The current request is for Omeprazole 20mg #120. The date of the request is unclear. RFA's included are dated 08/28/14 and 09/30/14 and the 12/01/14 utilization review mentions multiple RFA's dated 08/11/14 to 11/25/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The RFA of 09/30/14 states this medication is for stomach upset, cramping and nausea. The 10/01/14 report states generally that the patient is benefiting from taking these medications and they are helping to cure and relieve the patient's symptomatology and improve and maintain ADL's. Medications include: Diclofenac (an NSAID), Cyclobenzaprine and Tramadol. The reports provided do not discuss GI symptoms for this patient. The patient has been taking Omeprazole since at least 12/12/13, and the treater does not discuss how it is helping the patient and why it should be continued. No GI assessment is provided. Therefore, the request IS 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, 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 (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient presents with lower back pain radiating into the lower extremities rated 9/10. The current request is for Ondansetron 8mg #30. The date of the request is unclear. RFA's included are dated 08/28/14 and 09/30/14 and the 12/01/14 utilization review mentions multiple RFA's dated 08/11/14 to 11/25/14. ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The 08/03/14 report states this medication is being prescribed for nausea associated with headaches that are present with chronic pain in the cervical spine. The report further states the patient has well documented

abnormalities in the cervical spine resulting in ongoing headaches. However, in the reports provided there is no documentation of cervical spine pain or headaches. There is also no documentation that this patient has received chemotherapy or radiation treatments, is postoperative or use is for acute gastroenteritis. In this case, the request IS NOT medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88, 89.

Decision rationale: The patient presents with lower back pain radiating into the lower extremities rated 9/10. The current request is for Tramadol ER 150mg #90. The date of the request is unclear. RFA's is included dated 08/28/14 and 09/30/14 and the 12/01/14 utilization review mentions multiple RFA's dated 08/11/14 to 11/25/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unknown from the reports provided exactly how long the patient has been prescribed this medication. It is first listed on the report dated 08/04/14. The 10/01/14 report states generally that the patient is benefiting from taking these medications and they are helping to cure and relieve patient symptomatology and improve and maintain ADL's. Medications include: Diclofenac (an NSAID), Cyclobenzaprine and Tramadol. Recent reports from 07/21/14 to 10/27/14 show that a pain is routinely assessed through the use of pain scale and pain is rated in each of these reports as 9/10. It is unknown if this rating is with or without medications; therefore, there is no measure of how much medications help the patient. ADL's are not documented. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No UDS's are provided for review or documented, there is no mention of CURES. No outcome measure are provided as required by MTUS. Furthermore, there is no discussion of side effects or adverse behavior. The 4A's have not been documented as required by MTUS. The request IS NOT medically necessary.

Eszopicolone 1mg #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, 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) insomnia chapter, Eszopicolone (Lunesta) Mental Illness Stress Chapter, Escopicolone (Lunesta).

Decision rationale: The patient presents with lower back pain radiating into the lower extremities rated 9/10. The current request is for Eszopicolone 1mg #30. The RFA is not included. The date of the request is not known as Lunesta (Eszopicolone) is not discussed in the reports provided. The 12/01/14 utilization review mentions multiple RFA's dated 08/11/14 to 11/25/14. ODG insomnia chapter, Eszopicolone (Lunesta) guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007). The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG, Mental Illness Stress Chapter, Eszopicolone (Lunesta) states the medication is not recommended for long term use but is recommended for short term use. It is unknown how long the patient has been prescribed this medication which is indicated for short term use for insomnia. There is no documentation of sleep difficulty for this patient in the reports provided nor is there documentation that use is for short term. In this case, the request IS NOT medically necessary.