

Case Number:	CM14-0218092		
Date Assigned:	02/05/2015	Date of Injury:	10/30/1998
Decision Date:	03/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 57 year-old male who has reported widespread pain and other medical problems after an injury on 06/23/2003. Diagnoses have included cervical radiculopathy, spinal stenosis, radiculopathy, elbow pain, anxiety, depression, erectile dysfunction, gastroesophageal reflux disorder, medication related dyspepsia, and right Achilles' tenosynovitis. Treatments have included TENS, antidepressants, anti-seizure medications, stomach medications, muscle relaxants and opioids. He had been seen by a dentist and by a podiatrist for a left Achilles tendon repair. He was awaiting neurologist and urologist evaluation. Reports from the pain management physician during 2014 are from 4/24/14, 5/29/14, 6/27/14, 7/22/14, 8/21/14, 9/19/14, 10/22/14, and 11/19/14. The reports are stereotyped, noting ongoing axial and extremity pain, esophageal reflux, episodic vomiting, and red eyes. The reports document non-specific functional improvement with opioids, other medications and TENS unit. There was ongoing axial and foot tenderness and pending specialty appointments. Each report says that the TENS unit was used for 3 weeks. Toradol and B12 injections were given. Insomnia was severe. The Oswestry scores reflected a crippled status. Work status was stated as not working and permanently disabled. Clorazepate was prescribed for anxiety and as a hypnotic. Gabapentin was for neuropathic pain. Omeprazole was for medication side effects. Ondansetron was prescribed without a patient-specific indication. Tizanidine was prescribed for occasional severe spasm. The eye drops were prescribed without an explanation. A urine drug screen on 6/27/14 was negative for benzodiazepines, codeine, and gabapentin. The physician did not discuss this result or change the treatment plan to address it. A urine drug screen on 8/28/14 was negative for all drugs tested,

including fluoxetine, opioids, and benzodiazepines. The pain management physician reports pain relief with the medications that are not detected in the drug screens. Per the PR2 of 11/19/2014, a trial of acupuncture was added to the other treatment items. None of the reports address the patient-specific indications, results of use, and specific benefits for each of the medications. There are many generic statements which are not patient-specific and the reports are almost identical. On 12/01/2014 Utilization Review non-certified Clorazepate, Ondansetron, Neomycin-polym-dexameth eye drops, Mobic, Omeprazole, Neurontin, and Ibuprofen. Tizanidine was partially certified. Prozac, acupuncture, and Cialis were certified. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clorazepate 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. None of the physician reports address the specific results of using this medication. The failed drug tests are not addressed, and it appears that this injured worker does not even take this medication. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Ondansetron HCL 4mg #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), Pain (Chronic)

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

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.

Neomycopolym dexameth eye drop 3.5-10,000 - 0.1mg/ml - unit/ml: 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), Eye

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416-422, 422-428.

Decision rationale: None of the treating physician reports address the ongoing medical necessity for eye drops, particularly those containing steroids. None of the reports provide a specific diagnosis. The reports mention red eyes, apparently chronic. The MTUS as cited above provides specific details for evaluating a red eye. None of the reports provide any information in compliance with the MTUS. Prolonged use of steroid eye drops exposes the patient to significant risks of toxicity. The eye drops are not medically necessary based on the guidelines, and lack of relevant and necessary information in the records.

Mobic 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back P.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs chronically, which is counter to the recommendations of the MTUS for treatment of back pain. The treating physician has been prescribing two NSAIDs, which is redundant and possibly toxic. None of the treating physician reports address the specific results of using any NSAID. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Omeprazole DR 20mg #30: 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): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports adequately describe the specific risk factors present in this case, as the reports have only non-specific, non-patient specific statements about this medication. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms (as suggested by the physician), the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of even minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back P.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs chronically, which is counter to the recommendations of the MTUS for treatment of back pain. The treating physician has been prescribing two NSAIDs, which is redundant and possibly toxic. None of the treating physician reports address the specific results of using any NSAID. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Tizanidine HCL 2mg #45: 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): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbation's of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months or more. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The reports do not contain any patient-specific information about the use of this drug. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that LFTs are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs page(s) Page(s): 49, 16-21.

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.