

Case Number:	CM14-0035664		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2008
Decision Date:	03/26/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 3, 2008. In a Utilization Report Review dated March 7, 2014, the claims administrator retrospectively denied Flexeril, Cidaflex (glucosamine), Medrox, omeprazole, and Zofran, all of which were apparently dispensed on or around July 15, 2012. The applicant's attorney subsequently appealed. On February 24, 2014, the attending provider endorsed prescriptions for Zofran, Prilosec, Flexeril, Medrox, and Cidaflex, through usage of a preprinted prescription form. No narrative commentary or applicant-specific rationale was included. No discussion of medication efficacy transpired. On July 15, 2012, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Naprosyn, Prilosec, Medrox, Zofran, Cidaflex, Flexeril, and Medrox pain relief were all endorsed along with a four-modality transcutaneous electrotherapy device. The applicant was returned to regular duty work. Toradol-vitamin B12 injection was administered in the clinic setting. The attending provider stated that Zofran was being given for nausea and that Prilosec was being employed for gastric protective effect as opposed to for actual symptoms of reflux. The applicant was 34 years old as of an RFA form of February 25, 2014, the attending provider incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride Tablets 7.5MG #120, date of service 7/16/12.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -.

Decision rationale: 1. No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of agents, including Naprosyn, Zofran, topical compounds, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ondansetron ODT Tablets 8MG#30 X2, date of service 7/16/12.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: 2. Similarly, the request for ondansetron (Zofran), an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there was no mention of the applicant having had any recent cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question, July 16, 2012. There was, furthermore, no evidence that the applicant is personally experiencing any issues with reflux, heartburn, and/or dyspepsia on that date. Therefore, the request was not medically necessary.

Omeprazole Delayed Release Capsules 20MG#120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Omeprazole (Prilosec).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 3. Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that he was prescribing omeprazole for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors such as omeprazole. Namely, the applicant was not aged 65 years of age and using NSAIDs (age 32 on or around the date of the request), was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and did not have a history of previous peptic ulcer disease or gastric bleeding. Therefore, the request was not medically necessary.

Cidaflex Tablets#120, date of service 7/16/12.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.

Decision rationale: 4. Similarly, the request for Cidaflex (glucosamine) was likewise not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine (Cidaflex) is indicated in the treatment of pain associated with arthritis, and, in particular, with that associated with knee arthritis, in this case, however, there was no mention of the applicant having any issues with arthritis and/or knee arthritis on or around the date Cidaflex (glucosamine) was endorsed. Therefore, the request was not medically necessary.

Medrox Pain Relief Ointment 120mg X2, date of service 7/16/12.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Decision based on Non-MTUS Citation DailyMed - MEDROX- menthol, capsaicin and methyl, dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017. Label: MEDROX- menthol, capsaicin and methyl salicylate patch.

Decision rationale: 5. Finally, the request for Medrox was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine, is an amalgam of methyl salicylate, Menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin is not indicated except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals such as Naprosyn effectively obviated the need for the capsaicin-containing Medrox compound at issue. Therefore, the request was not medically necessary.