

Case Number:	CM15-0110589		
Date Assigned:	06/18/2015	Date of Injury:	07/01/2011
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 40 year old female who sustained an industrial injury on 7/01/2011. She reported a "twinge" in her back while lifting boxes. The injured worker was diagnosed as having lumbago and lumbar disc displacement, lumbar radiculopathy, and gastroesophageal reflux with gastritis. Treatment to date has included physical therapy, acupuncture, epidural injections, lumbar spinal surgery in 6/2012, and medications. Opioids and muscle relaxants were prescribed since 2011. A gastroenterology Qualified Medical Examination (9/24/2014) referenced a diagnosis of symptomatic gastroesophageal reflux disease (GERD) and weight loss of 10 pounds due to decreased appetite and nausea. One episode of blood in the stool in 2013 was noted. An upper endoscopy with biopsy was performed in April of 2014 and showed erythema of the gastric mucosa, and continuation of proton pump inhibitor (PPI) therapy was recommended. At a visit on 3/17/15 with a spine surgeon, the injured worker complains of constant low back pain with radiation to the lower extremities, rated 8/10. She reported that pain was worsening. Exam of the lumbar spine noted palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, restricted and guarded range of motion, numbness and tingling in the L4-5 dermatomes and 4/5 strength in the quadriceps and extensor hallucis longus muscle. Radiographs of the lumbar spine were documented as showing disc space height narrowing, L3-L5 greater than L5-S1. The treatment plan included medication refills, noting the benefit of continued work and/or maintained activities of daily living. The PR2 report from the primary treating physician, an orthopedist, on 5/04/2015 noted that gastroenterologist recommended treatment with Nexium twice daily for gastritis, and continuation of ultram and robaxin. She

continued to work with restrictions. On 5/15/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine (Tylenol #3) 300/30 mg #30 1 by mouth every 6-8 hours as necessary for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Opioids have been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. It was noted that the injured worker was currently working. However, there was no discussion of functional goals, random drug testing, or opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There was no documentation of significant pain relief, decrease in work restrictions, or improvement in specific activities of daily living. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Acetaminophen/Codeine (Tylenol #3) does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg/tab #120 by mouth every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66.

Decision rationale: This injured worker has chronic back pain. Muscle relaxants have been prescribed for several years. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Limited, mixed evidence does not allow for a recommendation for chronic use. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. Due to length of use in excess of the guideline recommendations, the request for cyclobenzaprine is not medically necessary.

Lansoprazole (Prevacid) delayed release 30mg/cap #120 1 by mouth every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation UpToDate: Medical management of gastroesophageal reflux disease in adults. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This injured worker has been prescribed nabumetone, a non-steroidal anti-inflammatory medication (NSAID), and prevacid, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). It was noted that the injured worker had an episode of blood in the stool in 2013; no other risk factors for GI events were present. The injured worker was noted to have a history of gastroesophageal reflux disease (GERD) and gastritis. The UpToDate reference cited states that PPIs should be used in patients who fail twice-daily histamine 2-receptor antagonist therapy, and in patients with erosive esophagitis and/or frequent (two or more episodes per week) or severe symptoms of GERD that impair quality of life. There was no documentation of failure of twice daily histamine 2 receptor antagonist therapy, erosive esophagitis or of frequent or severe symptoms of GERD. The most recent report from the primary treating physician discusses use of nexium, not prevacid. As multiple risk factors for GI disease were not present, as the documentation does not clearly identify the PPI requested, and as there was no documentation of other specific indication for PPI therapy, the request for prevacid is not medically necessary.

Ondansetron 8 mg ODT #30 1 tab as necessary: Upheld

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

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. Ondansetron (Zofran) is FDA approved for nausea caused by chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and the only apparent indication is for nausea possibly related to chronic opioid intake. 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 request for ondansetron is not medically necessary.