

Case Number:	CM15-0116978		
Date Assigned:	06/25/2015	Date of Injury:	09/10/2005
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 injured worker is a 38 year old female who sustained a work related injury September 10, 2005. While working as a police officer, she tackled a large male and developed pain and weakness in the lower back, both legs, and numbness in both feet. An MRI of the lumbar spine, dated April 7, 2015 report, is present in the medical record. Electrodiagnostic study, performed April 9, 2015 (report present in the medical record), and revealed chronic L5 nerve root irritation on the right side. According to a primary treating physician's progress report, dated April 8, 2015, the injured worker presented with constant pain in the low back, characterized as sharp with radiation of pain into the right greater than left lower extremities. The pain is rated 8/10 and unchanged. She is reported to be seeing her own doctor with neuromas in the right foot. Physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm and seated nerve root test is positive. Standing flexion and extension are guarded and restricted. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. Diagnosis is documented as lumbago. Treatment plan included refilling of medications and at issue, the request for authorization for Cyclobenzaprine Hydrochloride, Lansoprazole DR, Ondansetron ODT, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5 mg on tab q8h #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine Hydrochloride 7.5 mg is not medically necessary.

Lansoprazole (Prevacid) DR 30 mg; one cap q12h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), proton pump inhibitors PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Prevacid is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Lansoprazole (Prevacid) DR 30 mg is not medically necessary.

Ondansetron ODT 8 mg; NTE 2qd #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 chapter, antiemetics for opioid nausea.

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), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron ODT 8 mg; NTE 2qd #30 is not medically necessary.

Tramadol extended release 150 mg one qd #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Tramadol extended release 150 mg is not medically necessary.