

Case Number:	CM15-0117170		
Date Assigned:	06/25/2015	Date of Injury:	04/15/1996
Decision Date:	09/18/2015	UR Denial Date:	06/05/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male who sustained an industrial injury on 04/15/1996. Mechanism of injury was an auto accident. He had immediate neck pain, and developed low back pain. Diagnoses include cervical/lumbar discopathy and cervicalgia. Documented treatment present included diagnostic studies and medications. A physician progress note dated 04/15/2015 documents the injured worker has constant pain in the cervical spine, and it is described as being sharp, with pain into the right upper extremity. There are associated headaches which are migraines in nature as well as tension between the shoulder blades. His pain is worsening. He rates his pain as 8 out of 10. He has constant low back pain that is described as being sharp and it radiates into his lower extremities. He rates this pain as 6 out of 10. On examination cervical range of motion is limited and painful. Paravertebral muscles are tender with spasms. Spurling's maneuver is positive and a positive axial loading compression test is noted. He has tingling and numbness into the lateral forearm and hand which correlates with a C6-C7 dermatomal pattern. The lumbar spine has paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion is restricted and guarded. He has tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, consistent with an L5-S1 dermatomal pattern. The injured worker received an intramuscular injection of 80 mg of Depo Medrol mixed with 1 cc of Marcaine, and intramuscular injection of Vitamin B12 and Marcaine with this visit. Treatment requested is for Cyclobenzaprine HCL 7.5mg #120, Lansoprazole 30mg #120, Ondansetron 8mg #30, Relafen 750mg #120, Sumatriptan succinate 25mg #18, and Tramadol 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatments of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient is compliant with the use of NSAID. There is documentation of pain relief and functional restoration. The criteria for the use of Relafen 750mg #120 was met and therefore is medically necessary.

Lansoprazole 30mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatments of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient is utilizing proton pump inhibitor for the prevention and treatment of NSAIDs related gastritis. There is documentation of symptomatic relief with the use of lansoprazole. The criteria for the use of lansoprazole 30mg 120 was met and therefore is 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 (ODG), Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-emetics can be utilized for the short term treatments of acute migraine and chemotherapy induced nausea and vomiting. The nausea and vomiting associate with the chronic use of opioids is self limiting. The records indicate that the use of ondansetron had exceeded the guidelines recommended duration limit of less than 10 days. The criteria for the use of ondansetron 8mg #30 was not met and therefore is not medically necessary.

Cyclobenzaprine HCL 7.5mg #120: 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 9792.24.2 Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatments of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The duration of use of cyclobenzaprine had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of cyclobenzaprine GCL 7.5mg #120 was not met and therefore is not medically necessary.

Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatments of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with other sedative medications. The records indicate that the patient had been on chronic opioid treatment for many years. There is no documentation of compliance monitoring of serial UDS, CURESS data reports and functional restoration. The criteria for the use of tramadol 150mg # 90 was not met and therefore is not medically necessary.

Sumatriptan succinate 25mg #18: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of migraine headaches. The records indicate that the patient is utilizing Sumatriptan for short term treatment of exacerbation of migraine headache. The chronic use of migraine medications can be associated with tolerance, dependency, addiction, rebound headache and adverse interaction with other medications. The records indicate that the patient is compliant with the use of Sumatriptan. There is documentation of pain relief and functional restoration. The criteria for the use of Sumatriptan succinate 25mg #18 was met and therefore is medically necessary.