

Case Number:	CM15-0120235		
Date Assigned:	06/30/2015	Date of Injury:	10/08/2012
Decision Date:	09/03/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 53 year old male, who sustained an industrial injury on 10/08/2012. He reported an injury to his lower back. He was diagnosed with lumbar spine sprain. According to a progress report dated 04/23/2015, subjective complaints included constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. Pain was characterized as sharp. There was radiation of pain into the lower extremities. Pain was unchanged and rated 8 on a scale of 1-10. The injured worker had 1 facet block and 1 lumbar epidural steroid injection with no significant changes. Diagnoses included lumbago. The provider noted that medications refills were being ordered under a separate cover letter. These medications were not listed on the progress report. He also noted that the injured worker was benefiting from taking these medications. They were helping in curing and relieving the injured worker's symptomatology and improving the injured worker's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. A Toradol injection and vitamin B12 injection was given.

Authorization was also being requested for a surgical consult for lumbar spine surgery. An authorization request dated 04/23/2015 was submitted for review and included requests for Relafen for inflammation and pain, Prevacid in conjunction with Nalfon to protect the stomach and prevent any gastrointestinal complications, Ondansetron for nausea associated with the headaches that are present with chronic cervical spine pain, Cyclobenzaprine for the palpable muscle spasms noted during the physical examination and Tramadol for acute severe pain. According to a qualified medication evaluation dated 05/11/2015, the injured worker was seen

for orthopedic re-evaluation of his lower back, right lower extremity and sleep. The provider listed a review of records showing treatment to date which has included Tramadol, Naprosyn, Omeprazole, Motrin, Orphenadrine, Sumatriptan, Ondansetron, Terocin patches, Flexeril, Toradol injection and Naproxen, chiropractic care, physical therapy, x-rays of the lumbar spine, home exercise program, epidural injection to the lower back, facet block injection and MRI of the lumbar spine. Current complaints included low back pain that radiated into the anterior right thigh and leg. He complained of frequent sleep disturbances because of back pain and stiffness. He was not working and had not worked since October 13, 2012. An authorization request dated 05/19/2015 was submitted for review and included requests for Relafen for inflammation and pain, Prevacid in conjunction with Nalfon to protect the stomach and prevent any gastrointestinal complications, Ondansetron for nausea associated with the headaches that are present with chronic cervical spine pain, Cyclobenzaprine for the palpable muscle spasms noted during the physical examination, Tramadol for acute severe pain and Eszopiclone (Lunesta) to treat temporary insomnia related to the injured worker's condition. Currently under review is the request for Fenoprofen calcium (Nalfon) 400mg #120, Lansoprazole (Prevacid) delayed release 30mg #120, Ondansetron 8mg #30, Cyclobenzaprine Hydrochloride 7.5mg #120 and Tramadol ER 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDS (nonsteroidal anti-inflammatory medications) Page(s): 22, 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDS.

Decision rationale: Fenoprofen Calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is an NSAID medication which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Lansoprazole (Prevacid) delayed release 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors.

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Lansoprazole (Prevacid) has not been established. The requested medication is not 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), Online Version, Antimetics (for opioid nausea), Ondansetron (Zofran).

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: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In this case, Ondansetron was prescribed for nausea associated with headaches that are present with chronic cervical spine pain. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain

cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence.

Documentation submitted for review shows long term use of muscle relaxants. There was no objective evidence of functional improvement with use of Cyclobenzaprine. Progress reports continue to note muscle spasms on exam despite use of Cyclobenzaprine. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The CA MTUS guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, Tramadol had been used long term with no documentation of objective evidence of functional improvement. Return to work was not documented. There was no discussion of specific improvement in activities of daily living as a result of use of Tramadol. Office visits have continued at the same frequency of approximately every one to two months. 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. Return to work was not documented. No urine drug screens were submitted for review, and no opioid contract was submitted or discussed. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.