

Case Number:	CM15-0120729		
Date Assigned:	07/01/2015	Date of Injury:	09/15/1999
Decision Date:	09/21/2015	UR Denial Date:	06/04/2015
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, Tennessee

Certification(s)/Specialty: Emergency 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 was a 61-year-old male, who sustained an industrial injury, September 15, 1999. The injured worker previously received the following treatments lumbar spine MRI, Toradol with B12 injections, Nuvigil, Norco, Bupropion, Amitiram, Aspirin, Buspirone, Condrolite, Hydrocodone/Bit/APPA, Gabapentin, Hydroxyzine, Temazepam, Tizanidine, Vitamin D3, Wellbutrin and Quetiapine. The injured worker was diagnosed with chronic pain, lumbar radiculopathy, left knee pain, depression, morbid obesity, vitamin D deficiency, status post left knee arthroplasty, status post bilateral carpal tunnel release and status post lap band surgery. According to progress note of June 2, 2015, the injured worker's chief complaint was neck pain with radiation into the bilateral upper extremities. The pain radiates into the hands and fingers. There was associated tingling frequently in the bilateral upper extremities to the level of the hands with muscle weakness frequently. The neck pain was associated with occipital headaches. The low back pain was constant, without radiation into the lower extremities. The pain was described as burning, electricity and stabbing. The pain was aggravated by activity and walking. The pain was rated at 7 out of 10 with mediations since prior visit, 10 out of 10 in intensity without pain mediation since last visit. The injured worker reported the pain was unchanged since the last visit. The physical exam noted tenderness with palpation in the spinal vertebral area at L3-S1. There was decreased range of motion of the lumbar spine, flexion of 30 degrees and extension was limited to 5 degrees, due to pain. The facet signs were present in the bilateral lumbar spine. The motor exam showed decreased strength. The treatment plan included prescriptions for Nabumetone, Lansoprazole, Ondansetron, Cyclobenzaprine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Nabumetone is relafen, a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state, "Anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case, there is no documentation of duration or effect of treatment. The patient has not obtained analgesia. The quantity of medication indicates long-term NSAID use. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be medically necessary.

Lansoprazole (Prevacid) DR #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Lansoprazole is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be medically necessary.

Ondansetron 8 MG ODT #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Anti-emetics (for opioid nausea).

Decision rationale: Ondansetron, a serotonin 5-HT₃ receptor antagonist, is an antiemetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, there is no documentation that the patient is experiencing nausea. The request should not be medically necessary.

Cyclobenzaprine Hydrochloride: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been using muscle relaxants since at least March 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be medically necessary.

Tramadol ER 150 MG #90: Upheld

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

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been taking opioid medication since at least October 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be medically necessary.