

Case Number:	CM15-0120736		
Date Assigned:	07/01/2015	Date of Injury:	08/07/2013
Decision Date:	08/18/2015	UR Denial Date:	05/26/2015
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 44 year old male, who sustained an industrial injury on 8/7/2013. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbago. Treatment to date has included medications, and physical therapy. He is reported to be working full duty. The request is for Lansoprazole (Prevacid); Ondansetron; Cyclobenzaprine; and Tramadol. On 11/7/2014, he rated his low back pain as 8/10. Physical findings are noted as tenderness and spasms of the low back. The treatment plan included: refilling medications listed under a separate cover letter. The medications list is not available for this review. On 12/5/2014, he complained of intermittent flare-ups of low back pain. He indicated his low back pain is aggravated by bending, lifting, twisting, pushing, pulling, and prolonged sitting/standing/walking. He described the pain as sharp and with radiation into the lower extremities. He rated his pain as 5/10, and indicated it was improving. Physical examination revealed tenderness and spasms in the low back area, along with a positive seated nerve root test. The treatment plan included: holding off on a lumbar epidural steroid injection since his pain had significantly improved and continuing medications that were noted to be under a separate cover. The listed medications are not available for this review. His work status is to continue working full duty. On 2/9/2015, he complained of constant low back pain with radiation into the lower extremities. He rated his pain as 6/10. Physical findings revealed tenderness and spasms, and a positive seated nerve root test. The treatment plan included: refilling medications that were listed under a separate cover. The medications list is not available for this review. On 3/1/2015, a request for authorization of Nalfon, Omeprazole, Cyclobenzaprine Hydrochloride, Tramadol ER,

and Eszopiclone is provided. A request for authorization form dated 3/16/2015, makes a request for Nalfon, Omeprazole, Cyclobenzaprine Hydrochloride, Tramadol ER, and Eszopiclone. A request for authorization form dated 5/19/2015, requesting authorization of Nalfon, Prevacid (Lansoprazole), Ondansetron, Cyclobenzaprine Hydrochloride and Tramadol ER is provided for this review. On 4/3/2015, he complained of constant low back pain with radiation into the lower extremities. He rated his pain 4/10. Physical findings are tenderness and spasms in the low back. The treatment plan included: refills being ordered under a separate cover letter, and continuing physical therapy. On 4/29/2015, a request for authorization of Nalfon, Prevacid, Ondansetron, Cyclobenzaprine and Tramadol is available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (prevacid) 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs); Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors - Prevacid (Lansoprazole).

Decision rationale: Per Drugs.com Prevacid (Lansoprazole) is a proton pump inhibitor for the treatment of stomach ulcers, gastroesophageal reflux disease (GERD), and conditions that cause your stomach to make too much acid, such as Zollinger-Ellison syndrome; it also helps heal a damaged esophagus. The CA MTUS guidelines recommend with precautions the use of non-steroidal anti-inflammatory drugs (NSAIDs) with a PPI (proton pump inhibitor) for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Long term PPI use (>1 year) has been shown to increase the risk of hip fracture. The ODG guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest period of times. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, the records do not demonstrate the injured worker was at risk for gastrointestinal events; suffering from stomach ulcers, GERD, or Zollinger-Ellison syndrome. In addition it is unclear when the Prevacid was originally prescribed; however the records do indicate he has been utilizing this medication long term. The records do not demonstrate the efficacy of the use of Prevacid for this injured worker. In addition, the prescription for the Lansoprazole (Prevacid) does not include frequency or dosing information. Therefore, the request for Lansoprazole (Prevacid) 30mg #120 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NLM.NIH.gov/medlineplus/druginformation.html.

Decision rationale: Per The U.S. Department of Health and Human Services, National Institutes of Health, U.S. National Library of Medicine, MedlinePlus, Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. The progress report records do not indicate the injured worker suffered from nausea and vomiting. In addition, the request for the Ondansetron 8 mg #30, does not indicate the frequency or dosing information. Therefore, the request is not medically necessary.

Cyclobenzaprine HCl 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 63-66, 41-42.

Decision rationale: Per the CA MTUS guidelines, Cyclobenzaprine (Flexeril) is considered a muscle relaxant. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant 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 Page(s): 93-94, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-95, 113.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The MTUS Chronic Pain

Medical Treatment Guidelines indicates that 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the records do not indicate a complete assessment of pain including: current pain; the least reported pain over the period since the last assessment; the injured workers average pain; intensity of pain after taking the Tramadol; how long it takes for pain relief to occur with the use of Tramadol; how long pain relief lasts with the use of Tramadol. There is no discussion of improvements in activity of daily living as a result of the use of Tramadol. There was no documentation of an opioid agreement. In addition, the requested Tramadol ER 150mg #90 does not indicate frequency or dosing information. As currently prescribed, Tramadol does not meet the criteria for long term opioids as elaborated in the CA MTUS guidelines, and is therefore not medically necessary.