

Case Number:	CM15-0122984		
Date Assigned:	07/07/2015	Date of Injury:	12/16/2013
Decision Date:	08/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: Family Practice

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 46 year old male, who sustained an industrial injury on 12/16/13. The injured worker has complaints of headaches and cervical spine pain. The documentation noted that there is palpable paravertebral muscle tenderness with spasm and range of motion is limited with pain. The documentation noted that there is pain and tenderness right across the iliac crest into the lumbosacral spine. The diagnoses have included cervicgia. Treatment to date has included fioricet; nortriptyline; imitrex; naumentone; prevacid; ondansetron; tramadol; sumatriptan and acupuncture. The request was for ondasetron 8 mg ODT, one as needed #30; lansoprazole (prevacid) delayed-release capsules 30mg #120 1 by mouth every 12 hours as needed for upset stomach; tramadol ER 150 mg #90 and sumatriptan succinate 25 mg, #9 times 2 one at onset of headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondasetron 8 mg ODT; one PRN #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.

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 (for opioid nausea).

Decision rationale: According to ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines state that Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The injured worker does not meet the criteria for being provided with this medication. This medication is not supported for nausea and vomiting associated with opioid use. The request for Ondansetron 8 mg ODT; one PRN #30 is not medically necessary and appropriate.

Cyclobenzaprine hydrochloride 7.5mg; one PO Q8H PRN #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 Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that 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. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine hydrochloride 7.5mg; one PO Q8H PRN #120 is not medically necessary and appropriate.

Tramadol ER 150 mg #90: Upheld

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

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

Decision rationale: The MTUS guidelines do not support the long-term use of opioids for chronic non-malignant pain. In this case, while it is appreciated that the injured worker is working, the medical records note that this medication has been non-certified by prior Utilization

Review and the medical records do not address the questions and concerns noted by the prior reviewers. The medical records do not establish evidence of pain contract and decrease in pain levels on visual analog scale. The long-term use of opioids leads to dependence, tolerance and is not supported. The request for Tramadol ER 150 mg #90 is not medically necessary and appropriate.

Sumatriptan succinate 25 mg; 9x2 one at onset of headache: 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), head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/Triptans.

Decision rationale: According to ODG, Triptans are recommended for migraine sufferers. As noted in ODG, at marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. While it is acknowledged that the injured worker is reporting improvement of his headaches from the utilization of this medication, the medical records note that the injured worker is also being prescribed Imitrex. The utilization of two medication in the same class is not supported and the medical records do not establish a rationale for utilization of both Imitrex and Sumatriptan. The request for Sumatriptan succinate 25 mg; 9x2 one at onset of headache is not medically necessary and appropriate.