

Case Number:	CM15-0127384		
Date Assigned:	07/14/2015	Date of Injury:	06/26/2011
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 34 year old male, who sustained an industrial injury on 6/26/2011. Diagnoses include lumbago status post posterior interbody lumbar fusion (PLIF). Treatment to date has included surgical intervention and conservative measures including medications for pain management. Per the Primary Treating Physician's Progress Report dated 4/23/2015, the injured worker reported frequent pain in the low back with radiation into the lower extremities with hypersensitivity of the right leg. The pain is improving and rated as 4/10 in severity. He has hardware pain, right hip pain and leg pain. Physical examination of the lumbar spine revealed well healing incision. There was hypersensitivity of the right greater then left medial aspect of the leg. Neurovascular status was grossly intact in the lower extremities. He received intramuscular injections of Toradol and Marcaine and vitamin B12 complex. The plan of care included acupuncture and medication management and authorization was requested for Nabumetone, Lansoprazole, Ondansetron, Norco and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg, #120 (1 pill 3 times per day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72-73.

Decision rationale: According to the MTUS, when considering treatment with NSAIDs, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, there appears to be no objective evidence in the provided records of benefit while taking the requested medication for an extended period of time, indicating that the risk of continued treatment likely outweighs the benefit and therefore the treatment is not medically necessary.

Lansoprazole (Prevacid) delayed-release capsules 30mg, #120 (1 capsule by mouth every 12 hours as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: It has been stated by utilization review with non-certification for Prevacid that the patient is not currently at high risk for gastrointestinal complications. Provided clinical notes request Prevacid but the most recent note provides no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. If, in fact, the patient has stomach upset from medications, or if the primary treating physician has legitimate concern for gastrointestinal complications due to continued pharmacologic treatment, the concerns should be clearly documented in order to facilitate future decision-making. At this time, the request for Prevacid is not medically necessary based on the provided documents.

Ondansetron 8mg ODT (orally disintegrating tablet), #30 (1 tablet as needed, no more than 2 per day): 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, Ondansetron (Zofran); ODG, Pain Chapter, Antilemics (for opioid nausea).

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

Decision rationale: This drug 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 ODG does not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. In this case, it appears that the patient has chronic concerns of nausea that should not be treated with Zofran. Based on the provided records and the guidelines, the request for Zofran is not medically necessary at this time.

Cyclobenzaprine hydrochloride tablets 7.5mg, #120 (1 tablet by mouth every 8 hours as needed): 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 Flexeril Page(s): 41-42.

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. 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. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on muscle relaxers previously, cyclobenzaprine is not medically necessary.