MAXIMUS Federal Services

Case Number:	CM15-0143253		
Date Assigned:	08/31/2015	Date of Injury:	09/29/2011
Decision Date:	10/14/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, Michigan
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 47 year old male, who sustained an industrial injury on 09-29-2011. The injured worker is currently working. Current diagnoses include cervical spine radiculopathy, hypertension, left ventricular diastolic dysfunction, gastroesophageal reflux disease, and irritable bowel syndrome. Treatment and diagnostics to date has included acupuncture, home exercise program, and medications. Noted medications include Trazodone, Bystolic, Benicar, and Omeprazole. Electromyography-nerve conduction velocity studies dated 09-02-2014 were within normal limits. In a progress note dated 06-02-2015, the injured worker reported being back to work at a different location, no other subjective data noted. Objective findings included unremarkable. The treating physician reported requesting authorization for Prevacid, Ondansetron, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prevacid (Lansoprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. After review of received medical records, the injured worker is noted to be less than 65 years of age, there are no noted non-steroidal anti-inflammatory drugs (NSAIDs) prescribed, and there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prevacid 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), pain, (chronic), antiemetics.

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: Regarding the request for Zofran (Ondansetron), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) do not recommend antiemetics for "nausea and vomiting secondary to chronic opioid use" and 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 medical records indicate that the injured worker was being treated for nausea associated with headaches related to chronic cervical spine pain without any mention of the above diagnoses. In addition, there is no documentation regarding any episodes of nausea or vomiting. Therefore, based on the Guidelines and the submitted records, the request for Ondansetron is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Flexeril (Cyclobenzaprine) is classified as a muscle relaxant. According to California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine 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. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended". In regards to this claim, the documentation lack clear evidence of muscle spasm that would require a muscle relaxant at this time. The injured worker has been prescribed Flexeril (Cyclobenzaprine) regularly since at least 02-17-2014. The continued use of Flexeril for this extended period of

time exceeds the MTUS recommendations. In addition, Cyclobenzaprine was prescribed in combination with other medications. Therefore, based on the Guidelines and the submitted records, the request for Flexeril (Cyclobenzaprine) is not medically necessary.