

Case Number:	CM15-0149375		
Date Assigned:	08/12/2015	Date of Injury:	09/15/2013
Decision Date:	10/07/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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 is a 55 year-old male who sustained an industrial injury on 09-15-13. Initial diagnoses and treatments are not available. Current diagnoses include cervical discopathy, cervicgia, carpal tunnel-double crush syndrome, bilateral shoulder impingement-rule out rotator cuff pathology, rule out knee internal derangement, and bilateral plantar fasciitis. Diagnostic testing and treatment to date has included MRI, EMG, neuropsychological evaluation, physical therapy, and symptomatic medication management. Currently, the injured worker complains of constant sharp cervical spine pain with radiation into the upper extremities, frequent bilateral shoulder pain, constant bilateral wrist pain, constant low back pain, and frequent bilateral lower extremity pain. In a progress note dated 06-01-15, the treating physician reports the injured worker has been cleared for carpal tunnel release surgery. Current plan of care is the injured worker to take the appropriate pharmacological agents for symptomatic relief. Requested treatments include lansoprazole (Prevacid) 30 mg #120, ondansetron 8 mg #30, cyclobenzaprine hydrochloride 7.5 mg #120, tramadol ER 150 mg #90, levofloxacin 750 mg #30; once a day for seven days after surgery to avoid infection, nabumetone (Relafen) 750 mg #120, sumatriptan succinate #18. The injured worker is under temporary total disability. Date of Utilization Review: 07-23-15.

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 Medical Treatment 2009.

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

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). In this case, there is no documentation that the patient was using NSAID medication and he did not have any of the risk factors for a gastrointestinal event. Therefore, the request 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), Antiemetics (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: 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 or any other gastrointestinal complaint. Therefore, the request is not medically necessary.

Cyclobenzaprine hydrochloride 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): Muscle relaxants (for pain).

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. Also 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 was taking cyclobenzaprine in September 2014. In addition, the quantity of requested medication is sufficient for at least 60 days. The duration of treatment surpasses the recommended short-term duration of two weeks. Therefore, the request is not medically necessary.

Tramadol ER 150mg #90: 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): Opioids, criteria for use.

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 SSRIs, TCAs 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 was taking tramadol in September 2014. In addition, the quantity of requested medication is sufficient for at least 90 days, indicating long term use. 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. Therefore, the request is not medically necessary.

Levofloxacin 750mg #30; once a day for seven days after surgery to avoid infection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697040.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter: The Medical Letter on Drugs and Therapeutics, Issue 1368, July 11, 2011- Levofloxacin Revisited The Medical Letter: Treatment Guidelines from The Medical Letter, Issue 122, October 1, 2012, Antimicrobial Prophylaxis for Surgery.

Decision rationale: Levofloxacin is a fluoroquinolone antibiotic. The fluoroquinolones are synthetic antibacterial agents with activity against many gram-positive and gram-negative organisms. Increased use of fluoroquinolones has led to increasing resistance, especially among strains of *S. aureus*, *Escherichia coli*, *Neisseria gonorrhoeae* and *P. aeruginosa*, and has been associated with emergence of a more virulent strain of *Clostridium difficile*. Adverse effects include gastrointestinal symptoms and central nervous system effects ranging from insomnia to seizures, hyperglycemia, hypoglycemia, QT interval prolongation, tendon rupture, and hypersensitivity reactions. In this case, the antibiotic is requested for postoperative prophylaxis. Antibiotic prophylaxis is indicated only for orthopedic procedures that include joint replacement and surgical repair of closed fractures. Retrospective review of patients undergoing arthroscopic surgery concluded that antibiotic prophylaxis is not indicated. In this case, the proposed surgery is carpal tunnel release. There is no medical necessity for antibiotic prophylaxis. Therefore, the request is not medically necessary.

Nabumetone (Relafen) 750mg #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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Nabumetone is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "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, the quantity of requested medication is sufficient for at least 60 days. There should be documentation that trial of medication is successful prior to long-term use. The duration of treatment increases the risk of adverse effects with little benefit. Therefore, the request is not medically necessary.

Sumatriptan succinate #18: 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; Triptans.

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

Decision rationale: Sumatriptan is a triptan medication. Triptans are recommended for migraine sufferers. 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. In this case, there is insufficient documentation in the medical record to support the diagnosis of migraine headache. Medical necessity has not been established. Therefore, the request is not medically necessary.