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| Case Number: | CM15-0169724 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 05/05/2015 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: Internal 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 32 year old male, who sustained an industrial injury on May 5, 2015. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain with radiation to the left lower extremity. The injured worker was noted to be able to perform his usual work. Current documentation dated July 7, 2015 notes that the injured worker reported intermittent low back pain. Examination of the lumbar spine revealed low back pain and left lower extremity pain radiating to the sacral one. Documented treatment and evaluation to date has included medications and a MRI of the lumbar spine (7-24-2015). The current MRI revealed a lumbar-five, sacral-one central protrusion and an annular fissure. Also noted were mild degenerative changes of the left facet joint. Current medications include Relafen, Prevacid, Ondansetron ODT and Cyclobenzaprine Hydrochloride. Current requested treatments include requests for Nabumetone (Relafen) 750mg #120 (1 pill three times a day), Lansoprazole (Prevacid) DR 30mg #120, Ondansetron 8mg ODT #30 and Cyclobenzaprine Hydrochloride 7.5mg #120. The Utilization Review documentation dated July 28, 2015 non-certified the requests for Nabumetone (Relafen) 750mg #120 (1 pill three times a day), Lansoprazole (Prevacid) DR 30mg #120, Ondansetron 8mg ODT #30 and Cyclobenzaprine Hydrochloride 7.5mg #120.

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 TID): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Online version): NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short term therapy. It is recommended at lowest dose for the shortest period in patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. Medical record did not include evidence of functional improvement with this medication and reduction in the dependency on continued medical treatment. There was no evidence of an acute condition or an acute exacerbation of the condition that determined the medical necessity of the medication. Therefore, the requested treatment Nabumetone (Relafen) 750mg #120 (1 pill TID) is not medically necessary and appropriate.

Lansoprazole (Prevacid) DR 30mg #120: 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 (updated 07/15/15) - Online Version NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

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

Decision rationale: According to the California MTUS (2009), Lansoprazole (Prevacid), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Injured worker is on NSAIDs, there is no documentation of GI symptoms or any identifiable risk factors. The Requested Treatment: Lansoprazole (Prevacid) is not medically necessary and appropriate.

Ondansetron 8mg ODT #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 (updated 07/15/15) - Online Version Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter--Antiemetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use with acute gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In this case, the guidelines for its use are not met, which would also make the request for Ondansetron not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/15/15) - Online Version Muscle Relaxants (for pain).

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, 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, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.