

Case Number:	CM15-0090509		
Date Assigned:	05/14/2015	Date of Injury:	09/27/1999
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 09/27/1999. The injured worker was diagnosed with right ankle sprain as a result of a fall. On provider visit dated 03/06/2015 the injured worker has reported constant severe right ankle pain with associated swelling, instability and burning. On examination the right ankle there was noted tenderness at the ankle joint with minimal swelling. Range of motion was limited. There was no evidence of instability, and a well healed scar was present. Gait was noted as antalgic favoring the right side. The diagnoses have included status post right tibiotalar fusion of the right ankle with retained symptomatic hardware. Treatment to date has included medication and surgical intervention. Per documentation the injured worker is awaiting surgical clearance for removal of the symptomatic hardware. On 04/02/2015 the provider requested Omeprazole 20mg for gastrointestinal symptoms, Ondansetron 8mg for nausea, Cyclobenzaprine 7.5mg for muscle spasms, and Tramadol Extended Release for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter, Prilosec.

Decision rationale: Based on the 3/6/15 progress report provided by the treating physician, this patient presents with worsening right ankle pain with swelling/instability, with pain rated 8/10 on VAS scale. The treater has asked for OMEPRAZOLE 20MG QUANTITY 120 on 4/2/15 for GI symptoms. The patient's diagnoses per request for authorization form dated 4/13/15 are right ankle. The patient is s/p right ankle fusion in 2001 per utilization review letter dated 4/17/15. The patient's right ankle pain from the retained hardware is persistent and worsening with colder weather per 1/26/15 report. The patient's work status is permanent and stationery since 2002, and currently retired. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Prilosec is not mentioned in progress reports dated 1/8/15 to 4/2/15. The requesting progress report dated 4/2/15 also includes a request for Naproxen. In this case, the patient is being prescribed an oral NSAID for which prophylactic use of PPI would be indicated by guidelines. However, there is no mention of dyspepsia due to NSAID therapy to support use of Prilosec. There is only a reference to unspecified "GI symptoms." The treater does not provide a GI assessment, either. Given lack of documentation as required my guidelines, the request cannot be warranted. Therefore, the request IS NOT medically necessary.

Ondansetron 8mg quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Based on the 3/6/15 progress report provided by the treating physician, this patient presents with worsening right ankle pain with swelling/instability, with pain rated 8/10 on VAS scale. The treater has asked for ONDANSETRON 8MG QUANTITY 120 on 4/2/15 "for nausea associated with the headaches that are present with chronic cervical spine pain." The patient's diagnoses per request for authorization form dated 4/13/15 are right ankle. The patient is s/p right ankle fusion in 2001 per utilization review letter dated 4/17/15. The patient's right ankle pain from the retained hardware is persistent and worsening with colder weather per 1/26/15 report. The patient's work status is permanent and stationery since 2002, and currently retired. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain

(Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): 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." Per progress report dated 03/25/14, treater's reason for the request is for nausea associated with headaches associated with cervical spine pain. In this case, the patient is 16 years removed from right foot surgery and has no history of recent surgical interventions. In addition, the treater has not indicated that patient is undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 3/6/15 progress report provided by the treating physician, this patient presents with worsening right ankle pain with swelling/instability, with pain rated 8/10 on VAS scale. The treater has asked for CYCLOBENZAPRINE 7.5MG QUANTITY 120 on 4/2/15 for the palpable muscle spasms noted during examination today. The patient's diagnoses per request for authorization form dated 4/13/15 are right ankle. The patient is s/p right ankle fusion in 2001 per utilization review letter dated 4/17/15. The patient's right ankle pain from the retained hardware is persistent and worsening with colder weather per 1/26/15 report. The patient's work status is permanent and stationery since 2002, and currently retired. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. There is no evidence in the records provided that this patient has taken Cyclobenzaprine to date. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 120 tablets does not imply intent to use this medication over a 2-3 week period. Therefore, the request IS NOT medically necessary.

Tramadol Extended Release 150mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88-89, 76-78, 60-61.

Decision rationale: Based on the 3/6/15 progress report provided by the treating physician, this patient presents with worsening right ankle pain with swelling/instability, with pain rated 8/10 on VAS scale. The treater has asked for TRAMADOL EXTENDED RELEASE 150MG QUANTITY 90 on 4/2/15 "for acute severe pain" the patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition. The patient's diagnoses per request for authorization form dated 4/13/15 are right ankle. The patient is s/p right ankle fusion in 2001 per utilization review letter dated 4/17/15. The patient's right ankle pain from the retained hardware is persistent and worsening with colder weather per 1/26/15 report. The patient's work status is permanent and stationery since 2002, and currently retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding medications for chronic pain MTUS Guidelines pg. 60,61 states: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. Tramadol has not been prescribed for the patient per review of reports dated 1/8/15 to 4/2/15. In regard to the prescription of Tramadol the request is indicated. This is the initiating prescription of this medication, which the treater is prescribing for an acute exacerbation. The treater has stated that prior use of opioids has been effective per 4/2/15 report. A trial of Tramadol is substantiated. Therefore, the request IS medically necessary.