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| Case Number: | CM15-0099869 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 07/22/2008 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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, female who sustained a work related injury on 7/22/08. She was lifting a paralyzed client from wheelchair to bed when the client grabbed onto the injured worker's left neck and pulled herself up by the injured worker's neck. She felt immediate pain in neck. She felt back pain by the time the client was in bed. The diagnoses have included cervicalgia and lumbago. Treatments have included medications, lumbar spine surgery, cervical spine surgery, acupuncture, and physical therapy. In the PR-2 dated 4/28/15, the injured worker complains of constant, sharp cervical neck pain. She has pain that radiates into both arms. She rates her pain level an 8/10. She complains of constant, sharp low back pain. She has pain that radiates down both legs. She states the pain in back is worsening. She rates her pain level here a 7/10. Upon examination, she has palpable cervical paravertebral tenderness with spasm. Cervical range of motion is limited by pain. She has numbness and tingling in lateral forearm and hand, greatest over thumb and middle finger. She has palpable lumbar paravertebral muscle tenderness with spasm. There is tingling and numbness in the posterior leg and lateral foot. The treatment plan includes refilling prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is not medical necessary. There is no documentation of all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no recent urine drug screenings or drug contract. There was no documentation of objective improvement in functional capacity. Because of these reasons, the request for Tramadol is considered not medically necessary.

Cyclobenzaprine HCL #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): s 41-42.

Decision rationale: The use of Cyclobenzaprine is not medically necessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. There is no documentation of objective improvement in pain and functional capacity. Therefore, the request is considered not medically necessary.

Lansoprazole DR caps #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, PPI, NSAIDs, GI risk.

Decision rationale: The request for Ondansetron is not medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, Ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient is not being treated with chemotherapy, for cancer pain, or post-operative pain. Therefore, she will not need Ondansetron and the request is not medically necessary.

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), Treatment in Workers Compensation guidelines, Chapter - Pain updated 4/30/15.

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.

Decision rationale: The request for Ondansetron is not medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, Ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient is not being treated with chemotherapy, for cancer pain, or post-operative pain. Therefore, she will not need Ondansetron and the request is not medically necessary.

Eszopiclone 1mg #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) Treatment in Workers Compensation guidelines, Chapter: Mental Illness and Stress last updated 3/25/15.

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

Decision rationale: The request for Eszopiclone is not medically necessary. The request is for a prescription of Eszopiclone (Lunesta). MTUS does not have guidelines for Lunesta, therefore, ODG was used. According to ODG, Lunesta is only recommended for short-term use. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills a year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." There has not been any documentation of attempted improvement in sleep hygiene. Because of these reasons, the request is not medically necessary.