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| Case Number: | CM14-0135373 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 02/16/2012 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 72-year-old woman with a date of injury of February 16, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the most recent and sole progress note in the medical record dated July 1, 2014, the IW complains of constant low back pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, and walking multiple blocks. The pain is characterized as sharp. There is radiation of pain into the lower extremities. The pain is unchanged. The pain is rated 5/10. Objective physical findings revealed palpable paravertebral muscle tenderness with spasms in the thoracolumbar spine. Standing flexion and extension are guarded and restricted. Circulation in the lower extremities is full. Coordination and balance are intact. There is numbness and tingling in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. The IW has been diagnosed with lumbago, and degeneration of the thoracolumbar spine. Treatment plan includes order medication refills, continue acupuncture, and continue acupuncture. The medications to be refilled include: Cyclobenzaprine 7.5mg, Ondansetron ODT 8mg, Omeprazole DR 20mg, Tramadol ER 150mg, and Voltaren SR 100mg. It is unclear how long the IW has been taking the aforementioned medications, as there is only 1 progress note in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium Er 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDS

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac sodium ER 100 mg #120 is not medically necessary. Non-steroidal anti-inflammatory drugs (Diclofenac sodium) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients in particular, those with gastrointestinal, cardiovascular and renal vascular risk factors. In this case, the injured worker complains of low back pain that radiates the lower extremities. The documentation however does not contain evidence of objective functional improvement with prior use of non-steroidal anti-inflammatory drugs nor is there an indication as to how long the drug has been used. Consequently, absent the appropriate documentation Diclofenac sodium ER 100 mg #120 is not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects

Decision rationale: Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in individuals taking anti-inflammatory drugs that have certain risk factors. These risk factors include, but are not limited to age greater than 65; history of peptic disease or, G.I. bleeding or perforation any: concurrent use of aspirin or steroids; and high dose from multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker does not have any comorbid problems her past medical history compatible with the enumerated risk factors above. Specifically, there is no history of peptic ulcer disease or G.I. bleeding or concurrent use of aspirin. Consequently, Omeprazole 20 mg #120 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 - TWC Pain (Ondansetron (Zofran))

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg ODT, #30 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for a post-operative use and gastroenteritis. Antiemetics are not recommended for nausea and vomiting secondary to chronic opiate use. In this case, the injured worker has not received chemotherapy or radiation treatment. Injured worker is not postoperative and does not have gastroenteritis. Consequently, the documentation does not support Zofran 8 mg ODT #30 and it is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: The guidelines recommend non-sedating muscle relaxants as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, they show no benefit beyond a non-steroidal anti-inflammatory drug in pain and overall improvement. In this case, there is low back tenderness and spasm. However, the documentation does not support the ongoing use of cyclobenzaprine. The July 2014 progress note indicated refills for cyclobenzaprine were being written. There was no objective functional improvement documentation anywhere in the medical record to support the continued use of cyclobenzaprine. Additionally, cyclobenzaprine is for short-term use (less than two weeks). It is unclear how long the injured worker has been taking cyclobenzaprine and consequently, absent the appropriate documentation cyclobenzaprine 7.5 mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review of the documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be in the medical record. Satisfactory response to treatment may be indicated by the patients decrease pain, increase level of function or improve quality of life. Lowest possible dose should be prescribed to improve pain and function. In this case, the medical record does not contain documentation indicating how long and what other opiates the injured worker has taken to date.

There is no objective functional improvement documented in the medical record from opiate use up to the present time. There are no risk assessments or urine drug screens in the medical record. Consequently, absent the appropriate documentation required by the guidelines, tramadol ER 150 mg #90 is not medically necessary.