MAXIMUS Federal Services

Case Number:	CM14-0142085		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2010
Decision Date:	10/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 is a 58-year old male injured on 07/08/10 as a result of repetitive heavy lifting, carrying, pushing, and pulling activities while performing normal job duties as a firefighter. The injured worker complained of a gradual onset of pain in the low back, upper back, bilateral knees, right foot, bilateral hands, bilateral hips, and left shoulder. The documentation indicated the injured worker has undergone multiple surgeries to the right knee with physical therapy to the bilateral knees. Diagnoses include cervical/lumbar discopathy, carpal tunnel/double crush syndrome, cervicalgia, right ring trigger finger, internal derangement of the bilateral knees, plantar fasciitis, rule out internal derangement bilateral hips, and status post left clavicle ORIF. The injured worker rated the pain between 6-9/10 dependent on location. Physical examination revealed back pain, soreness in the knees, weight bearing of her feet, sensitivity in the hands, strain in the hips, and shoulder pain. The initial request for Diclofenac Sodium ER (Voltaren SR) 100 mg, #120, Omeprazole Delayed-Release capsules 20 mg, #120, Ondansetron ODT tablets 8 mg, #30, Cyclobenzaprine Hydrochloride ER 150 mg, #90, Tramadol Hydrochloride ER 150 mg, #90, and Sumatriptan Succinate tablets 25 mg, #18 was non-certified on 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, diclofenac is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Diclofenac Sodium ER (Voltaren SR) 100 mg, #120 is not medically necessary.

Omeprazole Delayed-Release capsules 20 mg, #120: Upheld

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

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; 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). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole Delayed-Release capsules 20 mg, #120 is not medically necessary.

Ondansetron ODT tablets 8 mg, #30: Upheld

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

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), Antiemetics (for opioid nausea)

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured worker has previously suffered from severe post-operative nausea and vomiting. Further, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron ODT tablets 8 mg, #30 is not medically necessary.

Cyclobenzaprine Hydrochloride ER 150 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request for #90 tablets will exceed the recommended 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Cyclobenzaprine Hydrochloride ER 150 mg, #90 is not medically necessary.

Tramadol Hydrochloride ER 150 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community

activities, and exercise able to perform as a result of medication use. As such, Tramadol Hydrochloride ER 150 mg, #90 is not medically necessary.

Sumatriptan Succinate tablets 25 mg, #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

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: As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. However, there is no indication in the documentation provided that the injured worker suffers from migraines, has symptoms associated with acute headaches, or has a diagnosis of migraine headaches requiring treatment with medication containing triptans. As such, the request for Sumatriptan Succinate tablets 25 mg, #18 is not medically necessary.