

Case Number:	CM14-0142470		
Date Assigned:	09/10/2014	Date of Injury:	07/04/2010
Decision Date:	10/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational 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:

This patient is a 57 y/o male who developed persistent spinal pain subsequent to an injury dated 4/7/10. On 5/16/14 he had spinal decompression and fusion at C5-6 due to a severe central stenosis. Post operatively he is reported to be doing very well with diminishing VAS scores down to 5/10. It is reported that he had headaches related to the cervical pain. An internal medicine consultation documented that he has a history for GERD and he was taken off of anti-inflammatories. He recently was given a B12 shot, but there is no documentation regarding a deficiency. There are pre-printed check boxes for various medications. The medications are mailed to him from the physician's office.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 NSAIDS and GI risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/prilosec-drug/indications-dosage.htm>

Decision rationale: MTUS Guidelines and FDA standards recommend the use of Omeprazole for GERD which this patient has. However, for GERD the recommended dose is 20 mg per day and not the dispensed 40mg. per day. This class of drugs is no benign as long term use is associated with hip fractures, lung infections and biological metal dysregulation. The lowest possible dose is recommended. There are no unusual circumstances documented that would justify an exception to Guidelines. The Omeprazole 20mg #120 is not medically necessary and appropriate.

Ondansetron 8mg ODT #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics for Opioid induced nausea. Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ondansetron.html>

Decision rationale: MTUS Guidelines do not address this medication. Ondansteron is a potent anti-emetic that is FDA approved immediate post-operative nausea and vomiting, side effects of chemo therapy and short term acute gastritis. ODG does not recommend the use of this medication for Opioid related nausea and this patient does not meet any of the other criteria. There are no unusual circumstances that justify an exception to Guidelines. The Ondansetron 8mg ODT #30 is not medically necessary and appropriate.

Cyclobenzaprine hydrochloride 7.5mg #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 Muscle Relaxants Cyclobenzaprine Page(s): 64.

Decision rationale: MTUS Guidelines do not recommend the chronic daily use of muscle relaxants. Short term use or flare-ups is consistent with Guidelines, but daily use beyond 4 weeks is not recommended. The Cyclobenzaprine hydrochloride 7.5mg #120 is not medically necessary and appropriate.

Tramadol ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of Opioids when there is pain relief and functional improvements as a result of use. This patient is a few months s/p cervical surgery and it is too soon after surgery to adequately evaluate him for long term pain relief from the Opioid and/or to evaluate the functional benefits. If necessary, this could be re-reviewed 9-12 months s/p the surgery, but at this point in time it is reasonable to conclude that the use of Tramadol ER 150mg #90 is medically necessary.

Sumatriptan Succinate 25mg #9 x 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/imitrex-drug/indications-dosage.htm>

Decision rationale: MTUS Guidelines do not address the use of Sumatriptan, but it is commonly utilized for migraine headaches that can be associated with cervical pain. This patient is a few months s/p cervical fusion surgery and is reported to have migraine headaches. Medical details are lacking, but it is reasonable to conclude that the Sumatriptan Succinate 25mg. #9 X's 2 is indicated for up to 9-12 months s/p (status post) the cervical surgery. It may be reasonable to re-review this medication 9-12 months s/p surgery to re-evaluate its continued medical necessity. Therefore, the request for Sumatriptan Succinate 25mg #9 with one refill is medically necessary and appropriate