

<b>Case Number:</b>	CM13-0021883		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in New York and Texas. 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 54-year-old who sustained an injury on May 7, 2012 while attempting to lift a heavy object off the top of a patrol vehicle. The injured worker developed acute pain in the left shoulder and neck. The injured worker's previous medication use did include Celebrex and Vicodin. The injured worker was seen on August 15, 2013 by a treating physician. The injured worker's physical examination did note paravertebral muscular spasms with generalized weakness and numbness in a non-dermatomal distribution. The injured worker was recommended to continue with physical therapy for the cervical spine. Future surgical intervention was discussed. No medications were prescribed at this evaluation. There was a prescription form from a treating physician on August 19, 2013 that prescribed the injured worker naproxen, cyclobenzaprine, Sumatriptan, ondansetron, omeprazole, tramadol, and topical Medrox Patches. Follow up on October 14, 2013 again noted radiating pain in the cervical spine into the upper extremities with associated numbness and tingling. Physical examination did note tenderness to palpation in the cervical spine with associated spasms. There was a positive axial loading compression sign as well as positive Spurling's signs. Dysesthesia was noted from a C5 to C7 distribution. A treating physician continued the injured worker on naproxen, cyclobenzaprine, and omeprazole in November of 2013. The requested medications to include Naproxen 550mg, quantity 120, cyclobenzaprine 7.5mg, quantity 120, Sumatriptan 25mg, quantity 9 with 2 refills, Medrox Patches, quantity 30, tramadol 150mg, quantity 90, ondansetron 8mg, quantity 60, and omeprazole DR 20mg, quantity 120 were not recommended by utilization review on August 29, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM TABLETS 550MG, 120 COUNT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The injured worker was being followed by a treating physician for ongoing complaints of neck pain radiating to the upper extremities. The August 15, 2013 clinical report noted that no medications were being prescribed. Later, a medication worksheet from August 19, 2013 noted prescription medications to include Naproxen. No other rationale for this medication was provided in the clinical notes to support its use in this case. Given the lack of any specific rationale from the prescribing physician regarding the need for naproxen or how this medication would contribute to functional improvement for the injured worker, this reviewer would not have recommended the request as medically necessary based on Chronic Pain Medical Treatment Guidelines. The request for Naproxen Sodium tablets 550mg, 120 count, is not medically necessary or appropriate.

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG, 120 COUNT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The injured worker was being followed by a treating for ongoing complaints of neck pain radiating to the upper extremities. The August 15, 2013 clinical report noted that no medications were being prescribed. Later, a medication worksheet from August 19, 2013 noted prescription medications to include cyclobenzaprine. No other rationale for this medication was provided in the clinical notes to support its use in this case. Given the lack of any specific rationale from the prescribing physician regarding the need for cyclobenzaprine or how this medication would contribute to functional improvement for the injured worker, this reviewer would not have recommended the request as medically necessary based on Chronic Pain Medical Treatment Guidelines. The request for Cyclobenzaprine Hydrochloride 7.5mg, 120 count, is not medically necessary or appropriate.

**SUMATRIPTAN SUCCINATE TABLETS 25MG, NINE COUNT WITH TWO REFILLS: Upheld**

**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 Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** The injured worker was being followed by a treating physician for ongoing complaints of neck pain radiating to the upper extremities. The August 15, 2013 clinical report noted that no medications were being prescribed. Later, a medication worksheet from August 19, 2013 noted prescription medications to include Sumatriptan. No other rationale for this medication was provided in the clinical notes to support its use in this case. Given the lack of any specific rationale from the prescribing physician regarding the need for Sumatriptan or how this medication would contribute to functional improvement for the injured worker, this reviewer would not have recommended the request as medically necessary based on Official Disability Guidelines (ODG). The request for Sumatriptan Succinate tablets 25mg, nine count with two refills, is not medically necessary or appropriate.

**MEDROX PATCH, THIRTY COUNT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker was being followed by a treating physician for ongoing complaints of neck pain radiating to the upper extremities. The August 15, 2013 clinical report noted that no medications were being prescribed. Later, a medication worksheet from August 19, 2013 noted prescription medications to include medrox patches. No other rationale for this medication was provided in the clinical notes to support its use in this case. Given the lack of any specific rationale from the prescribing physician regarding the need for medrox patches or how this medication would contribute to functional improvement for the injured worker, this reviewer would not have recommended the request as medically necessary based on Chronic Pain Medical Treatment Guidelines. The request for Medrox patch, thirty count, is not medically necessary or appropriate.

**TRAMADOL HYDROCHLORIDE ER 150MG, NINETY COUNT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker was being followed by a treating physician for ongoing complaints of neck pain radiating to the upper extremities. The August 15, 2013 clinical report noted that no medications were being prescribed. Later, a medication worksheet from August 19, 2013 noted prescription medications to include tramadol. No other rationale for this

medication was provided in the clinical notes to support its use in this case. Given the lack of any specific rationale from the prescribing physician regarding the need for tramadol or how this medication would contribute to functional improvement for the injured worker, this reviewer would not have recommended the request as medically necessary based on Chronic Pain Medical Treatment Guidelines. The request for Tramadol Hydrochloride ER 150mg, ninety count, is not medically necessary or appropriate.

**ONDANSETRON ODT TABLETS 8MG, SIXTY COUNT: Upheld**

**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 Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics.

**Decision rationale:** In regards to the use of ondansetron 8mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. There was no indication of any significant medication side effects to include nausea and vomiting to support the use of an anti-emetic at the time all other medications were prescribed. There was also no indication from the reports that the injured worker met any of the other FDA indications for this medication. As such, this reviewer would not have recommended the request as medically necessary based on Official Disability Guidelines (ODG). The request for Ondansetron ODT tablets 8mg, sixty count, is not medically necessary or appropriate.

**OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG, 120 COUNT: Upheld**

**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 Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** In regards to the use of omeprazole 20mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended the request as medically necessary based on Official Disability Guidelines (ODG). The request for Omeprazole delayed-release capsules 20mg, 120 count, is not medically necessary or appropriate.