

<b>Case Number:</b>	CM13-0028056		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Ohio 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 physician 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 patient is a 44 year old male who reported an injury on 3/20/13; the mechanism of injury information was not provided in the medical record. His medication regimen included Cyclobenzaprine 7.5mg (1 tablet every 8 hours as needed for pain), Ondansetron ODT 8mg (1 as needed for nausea no more than twice a day), Omeprazole 20mg (1 capsule every 12 hours as needed for upset stomach), Quazepam 15mg (1 at bedtime as needed), Tramadol ER 150mg (once a day as needed for pain), Naproxen 550mg (1 tablet every 12 hours with food as needed for pain), and Medrox patches (applied once in the morning and once at night as needed for pain). The clinical note dated 7/3/13 revealed that the patient was diagnosed with lumbar facet arthropathy. The patient complained of an upset stomach when taking Naproxen. He was working full duty at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **60 Ondansetron ODT 8mg: 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

**Decision rationale:** The Official Disability Guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The patient was prescribed the Zofran due to his complaints of nausea when taking the Naproxen. Also, the ODG states that antiemetics are recommended for use after chemotherapy, radiation treatments, or post operatively. There is no objective clinical documentation of the patient having undergone either of the previously mentioned procedures. As such, the medical necessity of 60 Ondansetron ODT 8mg has not been proven; therefore, the request is non-certified.

**90 Tramadol Hydrochloride ER 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-80..

**Decision rationale:** The California MTUS states that using opioids for chronic back pain appears to be efficacious, but limited to short-term pain relief; long-term efficacy is unclear, but also appears limited. Using opioids for on-going pain management requires documentation of the patient's pain levels, level of function, adverse side effects, and activities of daily living. There is no objective clinical documentation of any of the required information per California MTUS guidelines during the time of the request. Furthermore, the patient was working full duty. Due to the California MTUS recommendation of short-term use of opioids, the patient having already taken the requested medication since May 2013, and the fact that the patient had already returned to work on full duty, the medical necessity of Tramadol Hydrochloride ER 150mg has not been proven. As such, the request is non-certified.

**120 Omeprazole DR 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69..

**Decision rationale:** The California MTUS ACOEM does not address proton pump inhibitors or Omeprazole specifically. It does mention that proton pump inhibitors are recommended for use if the patient has history of, or is at risk for gastrointestinal problems. The patient is not over the age of 65 years old, and there are no documented objective clinical findings suggesting that the patient had a history of peptic ulcers, or gastric ulcers. The medical necessity for 120 Omeprazole DR 20mg has not been proven. As such, the request is non-certified.

**120 Cyclobenzaprine Hydrochloride 7.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-64..

**Decision rationale:** The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use, i.e. longer than 2-3 weeks. The patient had previously received Cyclobenzaprine and it was ineffective in decreasing muscle spasms. Due to the recommendation of short term use, and ineffective previous use of the requested medication, the medical necessity has not been proven. As such, the request is non-certified.

**100 Naproxen Sodium 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 66..

**Decision rationale:** The California MTUS states that Naproxen is an NSAID used for the relief of signs and symptoms of osteoarthritis. It also states that NSAIDs are recommended at the lowest dose for the shortest period of time. The patient has been taking Naproxen with adverse reactions of severe nausea, and stomach ache and upset. There is no clinical documentation of the patient having osteoarthritis, and the patient continued to have the complaint of pain with the requested medication. The medical necessity has not been proven; therefore, the request is non-certified.