

<b>Case Number:</b>	CM13-0030280		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	11/07/1977
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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:

Patient is a 54 year old male with date of injury 11/7/1977. The most current medical record, a primary treating physician's progress report, dated 8/15/2013, lists subjective complaints as an increase in overall symptomology with respect to the lumbar spine. He also complains of chronic symptoms in the cervical spine with chronic headaches, tension between the shoulder blades and migraines. The symptomology in the patient's bilateral upper extremities and bilateral knees had not changed significantly. Objective findings: Examination of the cervical spine revealed tenderness at the paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver were positive. Examination of the bilateral upper extremities revealed tenderness at the olecranon fossa. There was positive Tinel's sign at the elbows, left greater than right. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments and pain with terminal motion. Examination of the bilateral knees revealed tenderness at the knee joint line and posterior aspect of the knees, left greater than right. There was positive McMurray's sign and positive patellar compression test. Diagnosis: 1. Cervical discopathy 2. Electrodiagnostic evidence of left ulnar neuropathy and bilateral carpal tunnel syndrome 3. Lumbar discopathy 4. Status post bilateral knee surgery 5. MRI of the right knee evidence of menisci tear, Baker's cyst and chondromalacia patellae 6. MRI of the left knee evidence of sprain, chondromalacia patellae and menisci tear. Medications: 1. Cyclobenzaprine 7.5 mg, provided with 45 tablets on 08/03/2013 2. Ondansetron 4 mg, recommended noncertified on 08/03/2013 and 09/20/2013 3. Omeprazole 20 mg, recommended noncertified on 08/03/2013 and 09/20/2013 4. Tramadol ER 150 mg, recommended noncertified on 09/20/2013

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

**Decision rationale:** Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The patient was provided with 45 tablets on 08/03/2013. This prescription constituted a short course of therapy as provided for in the MTUS. Further use of the muscle relaxant is not recommended. CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120 is not medically necessary.

**ONDANSETRON ODT TABLETS 8MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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), Ondansetron (Zofran)

**Decision rationale:** There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. ONDANSETRON ODT TABLETS 8MG is not medically necessary.

**OMEPRAZOLE CAPSULES 20MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk

factors needed to recommend the proton pump inhibitor omeprazole. OMEPRAZOLE CAPSULES 20MG #120 is not medically necessary.

**TRAMADOL HYDROCHLORIDE ER 150MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20 - 9792.26, PAGE 113

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of a lack of functional improvement with first-line oral analgesics supporting the use of opioids. TRAMADOL HYDROCHLORIDE ER 150MG #90 is not medically necessary.