

<b>Case Number:</b>	CM13-0036909		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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:

There were 91 pages for this review. This patient is a 39-year-old man injured on December 27, 2011. The requests are for naproxen, cyclobenzaprine, sumatriptan succinate, and ondansetron, omeprazole, diazepam and tramadol. There are chronic headaches, neck pain and back pain. As of August 29, 2013 there is continued neck pain, headaches, back pain and migraines. There is cervical paraspinal muscle spasm and positive cervical compression testing, generalized weakness and numbness, lumbar paravertebral spasming, restricted lumbar motion and dysesthesia in the L5 and S1 dermatomes. Diagnoses included cervical and lumbar discopathy. Treatment has included multiple medicines in at least 12 chiropractic sessions. The patient is working full and normal duty. The patient has been on the naproxen since March 2013. The lumbar and cervical symptoms and exam is unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **120 NAPROXEN SODIUM 550MG:** Upheld

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

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

**Decision rationale:** This patient has been on prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline recommendations of the shortest possible period of use are clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. As such, the request is not medically necessary.

**120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this injured worker. Long term use is not supported. In addition, it is being used with other agents, which is not clinically supported in the MTUS. As such, the request is not medically necessary.

**60 ONDANSETRON ODT 8MG:** 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 ODG

**Decision rationale:** The ODG notes Ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. As such, the request is not medically necessary.

**120 OMEPRAZOLE ER 20MG:** Upheld

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

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

**Decision rationale:** MTUS notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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. Sufficient gastrointestinal risks are not noted in these records. As such, the request is not medically necessary.

**30 QUAZEPAM 15MG:** 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 section, Benzodiazepines.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. As such, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. As such, the request is not medically necessary.