

<b>Case Number:</b>	CM13-0037618		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 55 year-old with a date of injury of 07/16/13. The injury occurred when his arm was caught in a car door. A progress report associated with the request for services, dated 10/02/13, identified subjective complaints of neck pain and pain in the right shoulder radiating into the right arm and hand. Objective findings included cervical muscle spasm. There was tenderness to palpation of the right shoulder and with range-of-motion. Examination of the upper extremities was not described but previously motor and sensory functions were described as normal. Diagnoses included cervical discopathy; cubital and carpal tunnel syndrome; and impingement syndrome of the right shoulder. Treatment has included ibuprofen and Tramadol. Ultracet was used for several months prior to the current request. Physical therapy has provided no relief. A Utilization Review determination was rendered on 10/12/13 recommending non-certification of "100 Naproxen Sodium 550 mg; 120 Cyclobenzaprine Hydrochloride 7.5 mg; 18 Sumatriptan Succinate 25mg; 60 Ondansetron ODT 8mg; 90 Tramadol Hydrochloride ER 150 mg".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 Naproxen Sodium 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. Precautions should be taken due to side effects. The quantity requested implies that the therapy is not for a short period, but rather what appears to be a longer-term. Therefore, there is no documentation in the record for the medical necessity of naproxen 550 mg; #100.

### **120 Cyclobenzaprine Hydrochloride 7.5 mg: 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), Pain Chapter, Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 63-66.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that Cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for Cyclobenzaprine for chronic use. Though it is noted that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of Cyclobenzaprine to other agents is not recommended. The Guidelines do note that Cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Cyclobenzaprine beyond a short course are not well supported. Likewise, it is being used in combination with other agents; particularly NSAIDs for which no additional benefit has been shown. Therefore, in this case, the medical record does not document the medical necessity for Cyclobenzaprine (Flexeril).

### **18 Sumatriptan Succinate 25 mg: 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) Head, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

**Decision rationale:** Sumatriptan is a serotonin (5-HT) receptor agonist used for the treatment of migraine headaches. The Medical Treatment Utilization Schedule (MTUS) does not address the use of triptans. The Official Disability Guidelines (ODG) states that triptans are recommended for migraine sufferers. All oral triptans are effective and well tolerated. In this case, the progress report does not describe the symptom of migraine headaches nor is it included in the diagnoses. Therefore, in this case, the record does not document the medical necessity for Sumatriptan.

#### **60 Ondansetron ODT 8 mg: 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) Pain, Ondansetron; 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, Ondansetron; Antiemetics.

**Decision rationale:** Zofran (Ondansetron) is a serotonin 5-HT<sub>3</sub> receptor antagonist used for the treatment of nausea. The Medical Treatment Utilization Schedule (MTUS) does not address the use of antiemetics or Zofran specifically. The Official Disability Guidelines (ODG) state that Ondansetron is not recommended for nausea and vomiting secondary to opioid use. Likewise, it is only FDA-approved for nausea and vomiting secondary to chemotherapy, postoperative use, and gastroenteritis. The medical record does not document any of the above indications and therefore the medical necessity for Ondansetron in this case.

#### **90 Tramadol Hydrochloride ER 150mg: 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) Pain, Chronic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-83, 113.

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or

improved functional capacity (Eriksen 2006). The Guidelines further specifically state that Tramadol is not recommended as a first-line oral analgesic. For the neck & upper back, opioids for more than 2 weeks are not recommended. The request is for therapy beyond 2 weeks and the patient has been on Tramadol for several months. Also, the documentation submitted lacked a number of the baseline elements listed above in order to monitor therapy. In this case, there is limited documentation of the elements of the pain assessment referenced above for necessity of therapy beyond 2 weeks where the evidence is otherwise unclear; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for Tramadol.