

<b>Case Number:</b>	CM13-0046536		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Family Practice and is licensed to practice in Tennessee, California and Virginia. 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 50 year-old male who has a reported injury on 03/12/11. The records indicate the patient is status post left carpal tunnel release with improvement. The patient is reported to have chronic cervical, right wrist, and lumbar pain. The patient is noted to have positive straight leg raise bilaterally, tenderness and spasm of the paravertebral muscles, and dysesthesia in the L5 and S1 dermatomes. The request is for Naproxen Sodium 550 mg, Omeprazole 20 mg, Ondansetron 4 or 8 mg, Cyclobenzaprine 7.5 mg, Tramadol ER 150 mg, Sumatriptan 25 mg, and Alprazolam ER 1mg. A prior Utilization Review dated October 30, 2013 denied certification of these requests, with exception to Cyclobenzaprine. A partial certification modified the request to a lower dosage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON ODT 4 OR 8MG#60, DOS: 08/27/13 : Upheld**

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

**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, ZOFTRAN.

**Decision rationale:** The injured worker is a 50 year-old male who is reported to have sustained a work related injury on 03/12/11. The records indicate the patient is status post a left carpal tunnel release with improvement and chronic lumbar radiculopathy. The records provide no data to suggest that the patient has the side-effect of nausea and vomiting associated with his current medication profile medical necessity is not established, therefore the request is not medically necessary.

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG#120, DOS: 08/27/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The injured worker is a 50 year-old male who is reported to have sustained a work related injury on 03/12/11. The records indicate the patient is status post a left carpal tunnel release with improvement and chronic lumbar radiculopathy. Both California Medical Treatment Utilization Schedule and Official Disability Guidelines do not support the chronic use of muscle relaxants in the treatment of pain. The records provide no documentation of active myospasm for which this medication is indicated. As such the medical necessity for the use of this medication has not been established, therefore is not medically necessary.

**TRAMADOL HYDROCHLORIDE ER 150MG#90, DOS: 08/27/13:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** The injured worker is a 50 year-old male who is reported to have sustained a work related injury on 03/12/11. The records indicate the patient is status post a left carpal tunnel release with improvement and chronic lumbar radiculopathy. The records indicate the patient has chronic radiculopathy for which this medication would be clinically indicated and therefore is medically necessary.

**SUMATRIPTAN SUCCINATE 25MG #18X2, DOS: 08/27/13 :** 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 (ODG)HEAD, SUMITRIPTAN.

**Decision rationale:** The injured worker is a 50 year-old male who is reported to have sustained a work related injury on 03/12/11. The records indicate the patient is status post a left carpal tunnel release with improvement and chronic lumbar radiculopathy. The records provide no data establishing the presence of post traumatic headaches or migraines. As such there is no clinical indication for the use of this medication and medical necessity has not been established, therefore is not medically necessary.

**ALPRAZOLAM EXTENDED-RELEASE 1MG(CIV)#60, DOS: 08/27/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The injured worker is a 50 year-old male who is reported to have sustained a work related injury on 03/12/11. The records indicate the patient is status post a left carpal tunnel release with improvement and chronic lumbar radiculopathy. The records indicate the patient has a chronic pain syndrome. Both Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines do not recommend Xanax for long-term use. It is a short-acting drug of the Benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The records, as provided do not substantiate the presence of any psychiatric comorbidities where this medication would be indicated. Given the above the request is not medically necessary.