

<b>Case Number:</b>	CM13-0052681		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 03/02/2012. The mechanism of injury was cumulative trauma. The injured worker's medical history included Medrox, Omeprazole, NSAIDs, and muscle relaxants as of 2012. The history included triptans and Ondansetron as of early 2013. The clinical documentation of 08/15/2013 revealed the injured worker complained of pain in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. It was indicated the injured worker had been diagnosed with double crush syndrome. The injured worker had undergone bilateral carpal tunnel release. The examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles and pain with terminal motion. The seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes. The diagnoses included cervical and lumbar discopathy, left shoulder impingement, rule out rotator cuff pathology, status post bilateral carpal tunnel releases and bilateral plantar fasciitis. The treatment plan included surgical intervention including a C4 through C7 anterior cervical microdiscectomy with implantation of hardware and realignment of the junctional kyphotic deformity, and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150MG #90 DISPENSED ON 8/15/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain; Ongoing Management Page(s): 60;78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the duration the injured worker had been on the medication. However, there was documentation the injured worker had previously trialed opiates. There was a lack of documentation indicating the above including an objective improvement in function and an objective decrease in pain. Given the above, the request for tramadol ER 150 mg #90 dispensed on 08/15/2013 is not medically necessary.

**SUMATRIPTAN 25MG#18 DISPENSED ON 8/15/13:** 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), Head Chapter, Triptans.

**Decision rationale:** Official Disability Guidelines indicate that triptans are recommended for migraine sufferers. The clinical documentation submitted for review indicated the injured worker had been on the medication since early 2013. There was lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Sumatriptan 25 mg #18 dispensed on 08/15/2013 is not medically necessary.

**MEDROX PATCHES #30 DISPENSED ON 8/15/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105;111;28.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. Capsaicin is not approved and Medrox is being used

for chronic pain, by the foregoing guidelines, the request for Medrox is not supported as medically necessary. The clinical documentation submitted for review indicated the injured worker had been on the medication since 2012. There was lack of documentation of the efficacy of the requested medication. Given the above, the request for Medrox patches, #30 dispensed on 08/15/2013 is not medically necessary.

**NAPROXEN SODIUM 550MG #120 DISPENSED ON 8/15/13: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had taken the medication since 2012. There was a lack of documentation indicating a decrease in pain and objective functional improvement. Given the above, the request for naproxen sodium 550 mg #120 dispensed on 08/15/2013 is not medically necessary.

**OMEPRAZOLE 20MG #120 DISPENSED ON 8/15/13: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been taking the medication since 2012. There was a lack of documentation of the efficacy of the requested medication as well as signs or symptoms of dyspepsia. The documentation submitted for review indicated the medication was being taken for stomach protection and to prevent GI complications. As the requested NSAID was found to be not medically necessary, the request for Omeprazole is not medically necessary. Given the above, the request for Omeprazole 20 mg #120 dispensed on 08/15/2013 is not medically necessary.

**ONDANSETRON 4-8MG #60 DISPENSED ON 8/15/13: 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, Pain Chapter, Ondansetron.

**Decision rationale:** Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review indicated the injured worker had been taking the medication since early 2013. The clinical documentation indicated it was for nausea. There was a lack of documentation of the efficacy of the medication. Given the above, the request for Ondansetron 4-8 mg #60 dispensed on 08/15/2013 is not medically necessary.

**CYCLOBENZAPRINE 7.5MG #120 DISPENSED ON 8/15/13:** 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.

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation indicated the injured worker had palpable paravertebral muscle spasms in the cervical and lumbar spine. The clinical documentation submitted for review indicated the injured worker had been on the medication since 2012. There was a lack of documentation of objective functional improvement. Given the above, the request for cyclobenzaprine 7.5 mg #120 dispensed on 08/15/2013 is not medically necessary.