

<b>Case Number:</b>	CM13-0059480		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/27/2003
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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 is a 42 year old male status post injury 9/27/03. He was last seen 11/19/2013 where his subjective complaints included pain affecting the cervical spine, lumbar spine, left shoulder, and left knee. Objectively, bilateral knee flexion was limited to 140 degrees, with tenderness noted over bilateral medial joint lines, bilateral positive patellofemoral grind test, and 4/5 muscle strength in bilateral quadriceps and hamstrings. Diagnoses include chronic cervical musculoligamentous sprain/strain with 3-mm disc herniation, status post anterior cervical fusion and decompression, lumbar disc herniation, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, right shoulder subacromial impingement with status post arthroscopy of the shoulder and resolution, left knee medial meniscus tear and arthroscopy with residual chondromalacia of the patella, and right knee chondromalacia of the patella. Treatments have included conservative treatment modalities, medication and surgery. The patient reported his pain levels decrease from 7/10 to 4/10 with his current medications. The disputed issues are Naproxen Sodium 550mg #100 (recommended to the patient for inflammation and pain), Cyclobenzaprine HCL 7.5mg #120 (recommended to the patient for muscle spasms), Sumatriptan Succ 25mg #9 x2 (18) (recommended to the patient for migrainous headache associated with chronic cervical spine pain), Ondansetron ODT 8mg #30 x2(60) (recommended to the patient for GI symptoms), Omeprazole 20 mg #120(recommended to the patient for GI symptoms), and Tramadol HCL ER 150mg #90 (recommended to the patient for acute severe pain).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #100: Overturned**

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

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

**Decision rationale:** Review of the records submitted indicate that the patient is being treated for the symptoms of the cervical and lower spine, right shoulder and left knee. Records indicated that the patient had been taking Naproxen off and on as early as 2010 and recently had been given motrin since July of 2013. MTUS recommended that use: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors.ACOEM guidelines chapter 10 of the chronic pain, pp 814, stated that for chronic persistent pain Oral NSAIDs is moderately recommended. The request is certified.

**Cyclobenzaprine HCL 7.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** Cyclobenzaprine (Flexeril®, Amrix®, Fexmid®, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow recommendation for chronic use. The records submitted indicated that the patient had been taking the medicine for at last since July of 2013. Therefore this medicine is not recommended.

**Sumatriptan Succ 25mg #9 x 2 (18): 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 (updated 6/4/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/sumatriptan.html>

**Decision rationale:** Sumatriptan tablets, USP are indicated for the acute treatment of migraine with or without aura in adults. Records submitted did not indicate that the patient had history of the migraine headache

**Ondansetron ODT 8mg #30 x 2 (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), Chronic Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>

**Decision rationale:** Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT<sub>3</sub> receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. Records submitted did not show evidence of the nausea and vomiting symptomatology. The medicine is not indicated for the prevention of the sides effects of the opioids.

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI , May 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693050.html>

**Decision rationale:** Omeprazole is indicated to prevent ulcer in a patient taking NSAIDS. Therefore, the request is not certified.

**Tramadol HCL ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Tramadol(Ultram; Ultram ER, generic available in immediate relea.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid  
Page(s): 82, 93.

**Decision rationale:** Tramadol is considered a type of the opioid medication and they are indicated for a second-line of the treatment ( alone or in combination with the first line of drugs ) A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain;(3) treatment of neuropathic cancer pain. (Dworkin, 2007). Records indicated that the patient had been taking the medicines at least since July of 2013 and there were no history of the exacerbation of the symptoms. Therefore tramadol is not indicated in this case.