

<b>Case Number:</b>	CM13-0067917		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery 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:

The patient is a 53-year-old female who was injured in a work related accident on 02/06/08. The clinical records provided for review documented current claimants of neck pain. Evaluation on 11/08/13 noted ongoing complaints of neck pain with radiating upper extremity complaints. Examination of the cervical spine documented normal range of motion with paravertebral tenderness to palpation. Examination of the low back demonstrated a healed scar with tenderness to palpation along the paravertebral musculature. Working diagnosis was failed lumbar surgery with continued radiculopathy and degenerative changes to the cervical spine, cervical strain, and shoulder impingement syndrome status post decompressive procedure. The recommendations were for continuation of multiple medications that included Cyclobenzaprine, Wellbutrin, Diclofenac, Omeprazole, Ondansetron, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 63-64, 41-42.

**Decision rationale:** Based California MTUS Chronic Pain Medical Treatment 2009 Guidelines, continuation of Cyclobenzaprine cannot be recommended. The Chronic Pain Guidelines only recommend the use of muscle relaxants as a second line agent for acute symptomatic flare. The records in this case do not indicate that the claimant is experiencing an acute symptomatic flare and indicate chronic treatment with the above agent. The role of chronic muscle relaxant usage without any documentation or significant change in symptoms would not be indicated. The specific request in this case is not supported.

**Diclofenac XR 100 mg daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 71.

**Decision rationale:** California MTUS Chronic Pain 2009 Guidelines do not support the chronic use of nonsteroidal medication. The specific request for Diclofenac in this case would not be supported. Chronic Pain Guidelines recommend using the smallest dose of nonsteroidal medications for the shortest timeframe possible. The records in this case do not demonstrate any degree of significant benefit with the chronic use of the above agent. Given the claimant's chronic clinical findings and the lack of documented symptomatic flare, the continued role of this agent would not be indicated.

**Ondansetron 4 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) -Official Disability Guidelines, Ondansetron.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure.

**Decision rationale:** California MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, Ondansetron is not indicated for opioid induced nausea. There is no current role for antiemetics in the chronic pain setting. Without indication of acute symptomatic flare, acute change in clinical course, such as surgical process, the need for this antiemetic from a work related point of view would not be indicated.

**Tramadol ER 150 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram), chronic pain Page(s): 91-94.

**Decision rationale:** California MTUS Chronic Pain 2009 Guidelines do not support the continued use of Tramadol. Tramadol is beneficial in the short acting stage of pain relief. Its efficacy beyond 16 weeks is unclear and unproven. Given the claimant's chronic use of the above agent and the timeframe from injury, the ongoing treatment with this nonnarcotic analgesic would not be indicated.