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| <b>Case Number:</b>   | CM13-0068328 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/09/2011 |
| <b>Decision Date:</b> | 05/23/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2013 |

### 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 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 underlying date of injury in this case is 05/09/2011. The treating diagnoses include status post C5-C7 hybrid reconstruction, status post removal of hardware at C5-C6 with inspection of fusion, lumbar facet arthropathy, and bilateral carpal tunnel syndrome. The patient's treating orthopedic surgeon saw the patient in a followup on 11/14/2013. The patient reported significant improvement in her overall symptoms status post cervical reconstruction and noted no further radicular pain in the upper extremities. Her lumbar symptoms had not changed significantly. On exam she had some residual stiffness in the left trapezius and deltoid and some tenderness in the lumbar paravertebral muscles and pain with terminal lumbar motion. She had seated nerve root test findings in the lumbar spine. There was no significant neurological deficit in the upper extremities. Overall the treating physician recommended increasing activity and consideration of return to work. A muscle stimulator/TENS unit was recommended. That report states that medications would be requested under separate cover/report; the initial physician review discusses a report of 11/15/2013, but that is not available at the time of this review. There is a separate document of 12/10/2013 which is a request for authorization for Naproxen, Cyclobenzaprine, Sumatriptan, and Ondansetron. The naproxen was recommended for pain. Cyclobenzaprine was prescribed for palpable muscle spasms. Sumatriptan was prescribed for migraine headaches associated with chronic cervical spine pain. Ondansetron was prescribed for nausea associated with chronic cervical pain. Omeprazole was prescribed due to gastrointestinal symptoms. Tramadol was prescribed for acute severe pain. This is a check box type form. An Initial Medical Review concluded that the medical records did not support an indication for Cyclobenzaprine on a chronic basis. This review notes that the records do not appear to document a pattern of clinical symptoms suggestive of migraine headaches supporting the need for Sumatriptan. This review noted that the patient did not have an indication for Ondansetron.

The initial physician review noted that the clinical records did not document risk factors for gastrointestinal events to support a need for omeprazole, and this review notes that regarding tramadol the records do not document the use of analgesic medications in the past 12 months and do not document that opioid treatment goals were established or that there were indications overall for the use of tramadol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Guidelines section on muscle relaxants page 64, states that Cyclobenzaprine is indicated for a short course of treatment. The medical records do not provide a rationale as to why Cyclobenzaprine would be indicated on a chronic basis currently, particularly given the patient's reported clinical improvement after cervical reconstruction surgery. This request is not medically necessary and appropriate.

#### **SUMATRIPTAN SUCCINATE 25MG #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 Head.

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

**Decision rationale:** The Official Disability Guidelines indicate that all triptans are effective for migraine headaches. The medical records briefly discuss migraine headaches associated with neck pain; however, the records contain very limited information to substantiate this diagnosis or to substantiate the effectiveness of Sumatriptan. The records and Guidelines do not support the request for Sumatriptan. This request is not medically necessary and appropriate.

#### **ONDANSETRON ODT 8MG #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 Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labeling Information for Ondansetron.

**Decision rationale:** This medication is not discussed in the MTUS Guidelines. FDA-approved labeling information for Ondansetron states that this medication is indicated for nausea due to cancer chemotherapy or immediate postoperative nausea. The medical records do not document that this patient has an indication for Ondansetron. The records discuss Ondansetron is used for nausea related to cervical pain; the FDA labeling information does not support this medication on a chronic basis for this reason, and the records do not provide an alternate rationale for exception. This request for Ondansetron is not medically necessary and appropriate.

**OMEPRAZOLE DR 20MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, states the clinician should determine if the patient is at risk for gastrointestinal events. The medical records provided for review briefly mention gastrointestinal symptoms as part of a check box when prescribing Omeprazole, but there is no additional information regarding these symptoms or the effectiveness of this medication. Overall, the medical records do not support an indication for Omeprazole. This request is not medically necessary and appropriate.

**TRAMADOL HYDROCHLORIDE ER 150MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 77.

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on opioids/initial therapy, page 77, states that before initiating therapy the patient should set goals and continued use of opioids should continue meeting these goals. The medical records in this case do not discuss such goals of opioid management, nor do the records overall discuss the four A's of opioid management to support the efficacy of or indication for opioid treatment. Moreover, the treatment guidelines do not clearly support opioids for use with chronic pain, particularly in a situation such as this where the patient has reportedly done well after recent cervical surgery. Overall, the records do not provide an indication for the request for tramadol. This request is not medically necessary and appropriate.