

<b>Case Number:</b>	CM13-0070793		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 05/27/2012. The mechanism of injury was not provided. The clinical note dated 11/21/2013 noted the injured worker presented with moderate to severe scar pain in the left hand. Upon physical exam, there was tenderness over the paracervical musculature, muscle spasm in the paracervical musculature, diminished sensation of the C8 nerve root distribution, tenderness in the paralumbar musculature, muscle spasming in the paralumbar musculature, diminished sensation to the right L4 nerve root distribution, a positive Neer's test and Hawkins test, tenderness to the left wrist over the scar tissue, and tenderness over the volar aspect of the wrist. The injured worker was diagnosed with painful scarring of the left hand, status post carpal tunnel release left hand; cervical strain, radiculitis left upper extremity, right forearm tendonitis, right shoulder tendonitis, low back pain, and radiculitis right lower extremity. The treatment plan included electrodiagnostic testing of the upper bilateral, an MRI of the lumbar spine, Diclofenac for anti-inflammatory, Omeprazole to reduce NSAID gastritis, Tramadol for chronic pain relief, Cyclobenzaprine to relief muscle spasms, and Ondansetron to counter-affect nausea from NSAIDs prophylaxis. The Request for Authorization form was dated 12/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENEC XR 200MG/30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NSAIDS, 47

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAID's Page(s): 70.

**Decision rationale:** The request for Diclofenac XR 200 mg with a quantity of 30 is not medically necessary. The California MTUS recommend NSAIDs at the lowest dose for the shortest duration of treatment, consistent with individual treatment goals. All NSAIDs have been associated with risk of adverse cardiovascular events. The injured worker has been prescribed Diclofenac since at least 09/27/2013 and there is lack of documentation of the efficacy of the medication. There was a lack of a complete and adequate pain assessment for the injured worker. The frequency of the medication was not provided. As such, the request is not medically necessary.

**OMEPRAZOLE 20MG/30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NSAIDS, 474

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for omeprazole 20 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The guidelines recommend that clinicians use the following criteria to determine if the injured worker is at risk for gastrointestinal events to include age greater than 65 years old; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high-dose, multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The documentation did not indicate the injured worker had a history of peptic ulcer, GI bleed, or a perforation or that the injured worker is at risk for gastrointestinal events. There was a lack of significant objective examination findings to support the possible pathology that would warrant a proton pump inhibitor. The request as submitted failed to provide the frequency. As such, the request is not medically necessary.

**CYCLOBENZAPRINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , MUSCLE RELAXANTS,

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

**Decision rationale:** The request for Cyclobenzaprine is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option for short courses of pain. The

greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There was no dose, frequency or quantity indicated in the request. The provided medical records lack documentation of significant objective functional improvement with the medication. As such, the request is not medically necessary.

**ONDANSETRON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, MUSCLE RELAXANTS, 47

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

**Decision rationale:** The request for Ondansetron is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids, the side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short-term duration of less than 4 weeks, and have limited application to long-term use. If nausea and vomiting remain prolonged, the etiology of these symptoms should be evaluated for the differential diagnosis to include gastroparesis. Current research for treatment of nausea and vomiting as related to opioid use primarily address the use of anti-emetics in patients with cancer pain or utilizing opioids for acute, postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic, non-malignant pain patients. The guidelines do not recommend antiemetics for non-malignant patients. There was a lack of significant objective examination findings to support possible pathology that would warrant an antiemetic. The provider's request for Ondansetron does not include the dose and frequency of the medication. As such, the request is not medically necessary.