

<b>Case Number:</b>	CM14-0111753		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Emergency Medicine 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 33-year-old male who reported an injury on 06/16/2000 from an unspecified mechanism of injury. The injured worker had a history of left knee pain and lower back pain. The injured worker had a diagnosis of other chronic pain, lumbar radiculopathy at the L3 to S1 encroachment, and left knee chondromalacia patella with partial ACL tear. The prior surgeries included status post right ankle surgery and status post left knee ACL repair. The objective findings dated 07/11/2014 of the lumbar spine revealed tenderness with spasm with palpation to the paravertebral. Seated root test was positive. Range of motion, flexion, and extension were guarded and restricted. Coordination and balance intact. Sensation and strength normal. The physical examination of the knee revealed tenderness to the joint line, patellar grind test was positive, anterior drawer test and posterior pivot test were negative, and a positive McMurray's test. There was crepitus noted with painful range of motion. No clinical evidence of instability was noted. The injured worker rated his pain an 8/10 to the left knee and a 6/10 to the lower back using a VAS. Medications included omeprazole 20 mg, ondansetron 80 mg, orphenadrine, tramadol ER 150 mg, and diclofenac sodium ER 100 mg. The treatment plan was to continue medications. The Request for Authorization was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Q12 #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects, Page(s): page 70.

**Decision rationale:** The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation was not evident that the injured worker had a peptic ulcer or gastrointestinal issues. As such, the request for Omeprazole 20 mg Q12 #120 is not medically necessary.

**Ondansetron 8mg ODT PRN #30:** 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 chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, Anti-emetics

**Decision rationale:** The Official Disability Guidelines indicate that this drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Zofran is also used for chemotherapy-induced nausea. As such, the request for Ondansetron 8 mg ODT PRN #30 is not medically necessary.

**Ophenadrine Q8H PRN #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS, Page(s): 64-65.

**Decision rationale:** The California MTUS indicate that Orphenadrine is used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The guidelines indicate that orphenadrine is similar to diphenhydramine. The mechanism of action for most of these agents is unknown. As such, the request for Ophenadrine Q8H PRN #120 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management v Page(s): 82, 83, 93, 94, 113 --- 78.

**Decision rationale:** The California MTUS states Central analgesics drugs such as Tramadol (Ultram ) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes indicated that the injured worker had been relieving his pain with Motrin per the 04/2014 clinical notes. The injury was 2000, the injured worker should have been weaned from any aberrant drugs. The request did not address the frequency. As such, the request for Tramadol ER 150 mg # 90 is not medically necessary.

**Diclofenac sodium ER ( voltaren SR) 100mg #120: 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 Laboratory Testing, NSAIDS, Page(s): 70.

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical notes did not indicate that the injured worker had CBC and chemistry profile. Including liver and renal function testing. The request did not address the frequency. As such, the request for Diclofenac Sodium ER (Voltaren SR) 100mg #120 is not medically necessary.