

<b>Case Number:</b>	CM14-0119040		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 55-year-old with a date of injury of 23 March, 2011. There is no documentation of the mechanism of injury. There is a clinical note dated 19 May, 2014 which states that the injured worker complains of cervical spine and lumbar spine pain. He has had some degree of improvement with chiropractic and massage treatment. The physical examination on this day revealed tenderness to the cervical and lumbar spine with palpation and with evidence of muscle spasm. The straight leg test and Spurling's test are positive. There is a clinical note dated 23 June, 2014 which states that the patient is well-nourished, well-developed and in no acute distress. The injured workers mood and affect are appropriate. The patient is alert and oriented x3 on exam and gait is intact. There is no documentation in the medical record to show evidence of neuro imaging. There is no documentation of a treatment plan or a response to past medications for his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER (Voltaren SR) 100 mg, QTY:120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Medicine Page(s): 67, 68, 71.

**Decision rationale:** MTUS Chronic Pain Medical Treatment guidelines recommends NSAID medications for short term relief for chronic low back pain. In general, medications such as Diclofenac or other NSAID medications are recommended as second line treatment after acetaminophen for acute exacerbations of chronic back pain. In the case described above, the injured worker complains of constant cervical spine and lumbar spine pain with tenderness to palpation of the C spine and L spine on exam. There is no specific evidence of an acute exacerbation or any documentation of either a functional improvement with medication or treatment plan with prior medications tried for pain control. Therefore, based on the guidelines and a review of the evidence, a request for Diclofenac Sodium ER-100 mg, #120 is not medically necessary.

**Ondansetron ODT 8 mg, QTY: 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 (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, Anti-emetics

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

**Decision rationale:** Official Disability guidelines and Up To Date Drug Information recommend Ondansetron as FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use and is approved for acute treatment for gastroenteritis. Nausea and vomiting is common with the use of opioids and these side effects tend to diminish over days to weeks. In the case described, the injured worker complains of constant cervical and lumbar spine pain but there is no documentation in the medical record to reflect the symptomatology of nausea or vomiting. Therefore, based on the guidelines and a review of the evidence, a request for Ondansetron-ODT 8 mg, #30 is not medically necessary.

**Omeprazole DR 20mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** MTUS Chronic Pain Medical Treatment guidelines states that clinicians should weigh the indications for NSAIDS against both GI and cardiovascular risk factors. Factors that increase the risk of GI events include age over 65, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple NSAIDS. In patients with no risk factors or no cardiovascular disease, the use of a non-selective NSAID is reasonable.

In the case of the injured worker above, there is no documentation in the medical record of any of GI complaints but only of constant cervical and lumbar spine pain. Therefore, based on the guidelines and a review of the medical evidence, a request for Omeprazole-DR 20 mg, #120 is not medically necessary.

**Sumatriptan Succinate 25mg, QTY: 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), Treatment in Workers Compensation (TWC), Head Procedure Summary, Triptans

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

**Decision rationale:** Official Disability Guidelines state that triptan medications are recommended for migraine sufferers. The difference among the different triptan medications is relatively small. A poor response to one triptan medication does not predict a poor response to a different agent. In the case described above, the IW complains of only constant cervical and lumbar spine pain but there is no documentation in the medical record to reflect symptomatology of migrainous type of headaches. Therefore, based on the guidelines and a review of the medical evidence, a request for Sumatriptan Succinate- 25 mg. #18 is not medically necessary.

**Cyclobenzaprine HCL 7.5mg, QTY: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 06/10/14, Non-sedating Muscle Relaxants

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment guidelines recommends the use of Cyclobenzaprine for a short course of therapy. The effect is greatest during the first 4 days of treatment, suggesting that shorter courses are more beneficial and that treatment should be brief. In this case detailed above, the injured worker complains of constant cervical and lumbar spine pain. There is no evidence in the medical record which documents either functional changes over time or of a specific treatment plan. The patient's symptomatology has been chronic in nature. Therefore, based on the guidelines and a review of the evidence, a request for Cyclobenzaprine HCL- 7.5 mg, #120 is not medically necessary.

**Tramadol HCL ER 150 mg, QTY: 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-77, 80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment guidelines recommends that opioid medications are recommended for treatment of chronic pain but that treatment should be part of a specific management plan that is tailored to the individual patient. The guidelines recommends that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients treated with opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for specific documentation of the clinical use of these controlled substances. The case described above lacks a specific treatment plan that monitors the efficacy of the pain management or a specific treatment plan to ultimately wean the patient off medication. Therefore, based on the guidelines and a review of the medical evidence, a request for Tramadol HCL ER- 150 mg. #90 is not clinically necessary.