

<b>Case Number:</b>	CM14-0119462		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/09/2014
<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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 64 year-old female with a 2/2/12 date of injury. At the time (7/9/14) of the Decision for one prescription for Omeprazole DR 20 mg, #120, one prescription for Ondansetron 8 mg ODT, #60 (30 x 2); one prescription for Orphenadrine Citrate ER 100 mg (Norflex), #120; and one prescription for Tramadol Hydrochloride ER 150 mg #90, there is documentation of subjective (headache, stomach upset with the use of NSAIDs, lumbar spine muscle spasm, and radiation to the right lower extremity), and objective (not specified) findings, a current diagnosis (Lumbago), and treatment to date (medications (including ongoing treatment with Vicodin, Metformin, Tramadol, and Lunesta), injections, aquatic therapy, psychology, acupuncture, and physical therapy). Regarding Omeprazole, there is no documentation that identifies the risk for gastrointestinal event (high dose/multiple NSAID). Regarding Ondansetron, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Orphenadrine Citrate ER, there is no documentation of acute exacerbation of chronic low back pain and orphenadrine Citrate used as a second line option for short-term treatment. Regarding Tramadol Hydrochloride ER, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for omeprazole DR 20 mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of Lumbago. However, despite documentation of stomach upset with the use of NSAIDs, and given no documentation of ongoing treatment with NSAIDs, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for one prescription for Omeprazole DR 20 mg, #120 is not medically necessary.

**One prescription for ondansetron 8 mg ODT, #60 (30 x 2): 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), Antiemetics (for opioid nausea)

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

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of a diagnosis of Lumbago. However, despite documentation of stomach upset with the use of NSAIDs, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and review of the evidence, the request for one prescription for Ondansetron 8 mg ODT, #60 (30 x 2) is not medically necessary.

**One prescription for orphenadrine citrate ER 100 mg (Norflex), #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-rel, Orphenate, Orphenadrine gener.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of Lumbago. However, despite documentation of lumbar spine muscle spasm, and given documentation of a 2/2/12 date of injury, there is no documentation of acute muscle spasms, or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Norflex #120, there is no (clear) documentaiton of short-term (less than two weeks) treatment. Therefore, based on guidelines and review of the evidence, the request for one prescription for Orphenadrine Citrate ER 100 mg (Norflex), #120 is not medically necessary.

**One prescription for tramadol hydrochloride ER 150 mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of Lumbago. In addition, there is documentation of ongoing treatment with Tramadol and Tramadol used as a socond line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documetnation functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of

the evidence, the request for one prescription for Tramadol Hydrochloride ER 150 mg, #90 is not medically necessary.