

<b>Case Number:</b>	CM14-0119866		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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:

Medical records reflect the claimant is a 57 year old female who sustained a work injury on 7-6-14. Office visit on 6-23-14 notes the claimant is provided with medications. She is given Ondansetron for nausea associated with headaches that are present with chronic pain, tramadol for the acute severe pain, Voltaren for inflammation and pain and Orphenadrine as a muscle relaxant and sleep aid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC NA ER 100 MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDLEINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - NSAIDS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long

term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine

**Decision rationale:** Prescription Omeprazole is used alone or with other medications to treat gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach). Prescription Omeprazole is used to treat the symptoms of GERD, allow the esophagus to heal, and prevent further damage to the esophagus. Nonprescription (over-the-counter) Omeprazole is used to treat frequent heartburn (heartburn that occurs at least 2 or more days a week). Omeprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach. Medical Records does not reflect that this claimant is at a high risk for GI events and without certification for Diclofenac the ongoing use of this medication is not reasonable. Therefore, this request is not medically necessary.

**ONDANSETRON ODT 8 MG, #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine

**Decision rationale:** US National Library of Medicine reflects that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT<sub>3</sub> receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. There is an absence in documentation noting that this claimant has any of the FDA approved indications. Therefore, the medical necessity of this request is not established.

**ORPHENADRINE CITRATE, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - muscle relaxants

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Therefore, the medical necessity of this request is not established.

**TRAMADOL ER 150 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting functional improvement with the use of this medication. Therefore, the medical necessity of this request is not established.