

<b>Case Number:</b>	CM14-0122382		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male with a reported date of injury on 06/18/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbago. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 06/09/2014 revealed complaints of constant pain in the bilateral knees that was aggravated by squatting, kneeling, and ascending and descending stairs. The injured worker reported some swelling and buckling, and rated his pain 5/10. The injured worker complained of frequent pain to the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting rated 3/10 that radiated into the lower extremities. The physical examination of the knee revealed tenderness to the joint line, with a positive patellar grind test. The range of motion was noted to have crepitus and pain, but no clinical evidence of instability. The strength examination was within normal limits. The lumbar spine was noted to have palpable paravertebral muscle tenderness with spasms, and the seated nerve root test was positive. The range of motion examination was guarded and restricted, and there was no evidence of instability. The sensation and strength examination was within normal limits. The progress note dated 06/18/2014 revealed complaints of constant low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, and walking multiple blocks. The pain was characterized as sharp and it radiated into the lower extremities, rated 4/10. The physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasms and a negative seated nerve root test. The range of motion was noted to have guarded and restricted flexion and extension. There was no clinical evidence of stability, and the sensation and strength examination were within normal limits. The Request for Authorization form was not submitted within the medical records. The request was for

diclofenac ER (Voltaren SR) 100 mg #120 tablets; omeprazole delayed release 20 mg #120 tablets; ondansetron 8 mg OTD #30 tablets x2; orphenadrine citrate ER 100 mg (Norflex) #120 tablets; and tramadol hydrochloride ER 150 mg #90. However, the provider's rationale was not submitted within the medical records.

### **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 #120 tablets: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The request for diclofenac sodium ER (Voltaren SR) 100 mg #120 tablets is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAID are recommended for short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There is a lack of documentation regarding objective functional improvement and efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

#### **Omeprazole Delayed-Release 20 mg #120 tablets: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The request for omeprazole delayed release 20 mg #120 tablets is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events, which include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high-dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker being diagnosed with medication-induced dyspepsia, and the previous request for Voltaren was non-certified, in which Omeprazole was being used for prophylactically. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Ondansetron 8 mg ODT #30 tablets 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 Chapter.

**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.

**Decision rationale:** The request for ondansetron 8 mg ODT #30 tablets x2 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. The guidelines state ondansetron 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, and the acute use is FDA-approved for gastroenteritis. The guidelines recommend ondansetron for postoperative and chemotherapy use. However, the injured worker is not receiving chemotherapy and has not recently had surgery. There is a lack of documentation regarding nausea and vomiting to warrant ondansetron. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Orphenadrine Citrate ER 100 mg (Norflex) #120 tablets: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for orphenadrine citrate ER 100 mg (Norflex) #120 tablets is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second-line option in the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence of muscle spasms to warrant muscle relaxants. However, the injured worker has been utilizing this medication for over 3 months, and there is a lack of documentation regarding objective functional improvement. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Tramadol Hydrochloride ER 150 mg #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): 78.

**Decision rationale:** The request for tramadol hydrochloride ER 150 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of these medications. There is a lack of improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has consistent urine drug screens, and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.