

<b>Case Number:</b>	CM14-0123561		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 61-year-old male who reported an injury on 01/21/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 07/02/2014 indicated diagnoses of cervicgia and lumbago. The injured worker reported constant pain in the cervical spine that was aggravated by repetitive motion of the neck, pushing, pulling, lifting forward, reaching, and working at or above the shoulder level. The pain was characterized as sharp. The injured worker reported the pain radiated to the upper extremities and was associated with headaches that were migrainous in nature as well as tension between the shoulder blades. The injured worker rated his pain a 6/10. The injured worker reported intermittent pain to the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain was characterized as dull that radiated into the lower extremities. However, the injured worker reported the pain was improving, and he rated his pain at a 4/10. On physical examination of the cervical spine, there was tenderness to the paravertebral muscles with spasms, and a positive axial loading compression test was noted. The injured worker's range of motion was limited with pain. On the examination of the lumbar spine, there was tenderness with palpation at the paravertebral muscles with spasms. The injured worker's range of motion of the lumbar spine was guarded and restricted. The injured worker's treatment plan included refill of medications and request for physical therapy. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for diclofenac sodium, omeprazole, ondansetron, orphenadrine, and tramadol. A Request for Authorization dated 07/02/2014 was submitted for the above medications. However, rationale was not provided for review.

## 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) 100mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS ( non- steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Diclofenac sodium ER (Voltaren SR) 100mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated if this was a first line trial or if the injured worker had been utilizing this medication. If the injured worker had been utilizing this medication, there is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request does not indicate a frequency. Therefore, the request for diclofenac sodium ER is not medically necessary.

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

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

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

**Decision rationale:** The request for Omeprazole 20mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or peptic ulcers. In addition, the medication regimen was not provided for review to warrant the omeprazole. Furthermore, the request does not indicate a frequency. Therefore, the request for omeprazole is not medically necessary.

### **Ondansteron 8mg ODT #30 X2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation Pain Procedure Summary, 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, Ondansetron (Zofran).

**Decision rationale:** The request for Ondansetron 8mg ODT #30 X2 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker had nausea or vomiting. In addition, Official Disability Guidelines do not recommend ondansetron secondary to chronic opioid use. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**Orphenadrine Citrate ER 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 65.

**Decision rationale:** The request for Orphenadrine Citrate ER 100mg #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It was not indicated if this was a first line trial or if the injured worker had been utilizing this medication. If the injured worker had been utilizing this medication, there is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request does not indicate a frequency. Therefore, the request for Orphenadrine Citrate ER 100mg #120 is not medically necessary.

**Tramadol 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The request for Tramadol 150mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It was not indicated if the injured worker had tried and failed a first line option. In addition, it was not indicated if this was a trial request or if the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency. Therefore, the request for tramadol is not medically necessary.