

<b>Case Number:</b>	CM14-0125041		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 66-year-old female with a 4/28/05 date of injury. At the time (7/14/14) of request for authorization for diclofenac sodium ER 100mg, #120, ondansetron 8mg, #60, orphenadrine citrate ER #120, and tramadol ER 150mg, #90, there is documentation of subjective (constant cervical spine and lumbar spine pain) and objective (tenderness at cervical spine and lumbar spine, decreased range of motion, positive Spurling, and positive straight leg raise) findings, current diagnoses (cervicalgia and lumbago), and treatment to date (activity modification and medications (including ongoing use of diclofenac, orphenadrine, and tramadol)). 6/23/14 medical report identifies that Ondansetron is being prescribed for nausea associated with the headaches that are present with chronic cervical spine pain. Regarding the requested diclofenac sodium ER 100mg, #120, there is no documentation 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 as a result of Diclofenac use to date. Regarding the requested ondansetron 8mg, #60, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding the requested orphenadrine citrate ER #120, there is no documentation of an acute exacerbation of chronic low back pain and that orphenadrine is being used as a second line option and for short-term treatment; and 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 orphenadrine use to date. Regarding the requested tramadol ER 150mg, #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain and that tramadol is being

used as a second-line treatment; and 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.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diclofenac sodium ER 100mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 diagnoses of cervicalgia and lumbago. In addition, there is documentation of chronic low back pain. However, given medical records reflecting ongoing use of diclofenac, there is no documentation 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 as a result of diclofenac use to date. Therefore, based on guidelines and a review of the evidence, the request for diclofenac sodium ER 100mg, #120 is not medically necessary.

**Ondansetron 8mg, #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (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. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and lumbago. However, 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 a review of the evidence, the request for ondansetron 8mg, #60 is not medically necessary.

**Orphenadrine citrate ER #120: 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:** 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. 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. 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 diagnoses of cervicgia and lumbago. However, there is no documentation of an acute exacerbation of chronic low back pain and that orphenadrine is being used as a second line option and for short-term treatment. In addition, given medical records reflecting ongoing use of orphenadrine, there is no documentation 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 as a result of orphenadrine use to date. Therefore, based on guidelines and a review of the evidence, the request for orphenadrine citrate ER #120 is not medically necessary.

**Tramadol ER 150mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate 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 diagnoses of cervicalgia and lumbago. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of moderate to severe pain and that tramadol is being used as a second-line treatment. Furthermore, given medical records reflecting ongoing use of tramadol, there is no documentation 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 as a result of tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for tramadol ER 150mg, #90 is not medically necessary.