

<b>Case Number:</b>	CM14-0125119		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/25/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old individual was reportedly injured on September 30, 2013. The mechanism of injury was noted as a pushing type event. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of neck pain with radiation into the right upper extremity. The physical examination demonstrated a 5'2", 160 pound individual who is hypertensive (136/91) and noted to be in moderate distress. There was no gross abnormality relative to the cervical spine examination. There was also noted muscle spasm and tenderness to palpation. A slight decrease in cervical spine range of motion was noted and motor examination was decreased in strength. A decrease in sensory function in the C4, C5, & C6 dermatomes was also reported. Diagnostic imaging studies were not reported. Previous treatment included chiropractic care, physical therapy, multiple medications and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 25, 2014.

### 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 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** When noting the date of injury, the reported mechanism of injury, the actual pathology sustained as well as the current physical examination, there is no clear clinical reason to pursue this medication. As outlined in the MTUS, this medication has a significant side effect profile and should be used with caution. Furthermore, when noting the current clinical assessment, there is no documentation presented and this medication is not having any efficacy whatsoever. As such, this is not medically necessary.

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

**Decision rationale:** As outlined in the MTUS, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered as a protectorant for those individuals using non-steroidal anti-inflammatory medications. However, a review of the progress notes does not indicate that there are any gastric complaints or side effects relative to the medications being employed. Therefore, when noting the findings on the physical examination, the lack of any specific complaints and with the parameters noted in the MTUS, there simply is no clinical indication for this medication. The medical necessity has not been established.

**Ondansetron 8mg ODT #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 Treatment in Worker's Compensation -Pain.

**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 updated August, 2014.

**Decision rationale:** This medication is not addressed in the MTUS or the ACOEM guidelines. As such, the parameters noted in the ODG are employed. As noted with the FDA, this has approved this medication for treatment of nausea and/or vomiting secondary to chemotherapy, radiation treatment and postoperative intervention. There were no complaints of any nausea and/or vomiting noted over the last several months. As such, there was no clinical indication for the need for this medication. Therefore, when combining the current clinical situation as outlined by the treating provider and by the parameters noted in the ODG, this medication is not medically necessary.

**Cyclobenzaprine Hydrochloride Tabs 7.5mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, when there are exacerbations of acute muscle spasm; however, the literature advises against long-term use. Given the claimant's date of injury and clinical presentation, and the ongoing notice that there are muscle spasms, there is no evidence presented that this medication has any efficacy or utility. The guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** As noted in the literature, this is a synthetic opioid analgesic and is not recommended as a first-line intervention. Furthermore, there are ongoing complaints of pain and there is no documentation that the medications have had any positive effect, any noted efficacy or utility, and there is no clinical indication for this medication is achieving its intended goal. Therefore, when noting the findings noted on physical examination and with the parameters noted in the guidelines, the medical necessity of this medication has not been established.

**Sumatriptan Succinate 25mg #9: 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 in Worker's Compensation- Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head chapter updated June 2014.

**Decision rationale:** It is noted this medication is not addressed in the MTUS or the ACOEM guidelines. The parameters of the ODG were applied. This medication is recommended for migraine sufferers. However, there are no indicators in the progress note that this individual has had a migraine type headache. Therefore, there is no clinical indication for the continued dispensing of this medication.

