

<b>Case Number:</b>	CM14-0130940		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Medicine, and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 09/25/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/30/2014 indicated diagnoses of lumbago and cervicgia. The injured worker reported constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. The pain was characterized as sharp with radiation of pain into the upper extremities. The injured worker reported headaches that were migraineous in nature as well as tension between the shoulder blades. The injured worker reported the pain was unchanged and reported his pain a 7/10. The injured worker reported low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking, and walking multiple blocks. The pain was characterized as sharp and radiated into the lower extremities that was unchanged on a scale of 8/10. On physical examination of the cervical spine, there was tenderness with spasms, a positive axial loading compression test, and positive Spurling's maneuver test. Range of motion was limited with pain. The physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasms, a seated nerve root test was positive, range of motion was guarded and restricted. The injured worker's treatment plan included refill of medication, and pending authorization for chiropractic treatment. The injured worker's prior treatment included medication management and diagnostic imaging. The provider submitted a request for diclofenac, omeprazole, ondansetron, cyclobenzaprine, tramadol, and sumatriptan succinate. A Request for Authorization dated 03/31/2014 was submitted for the above medications and a rationale was 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 #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 #120 is not medically necessary. The CA 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. 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 is not medically necessary.

**Omeprazole 20mg #120: Upheld**

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

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

**Decision rationale:** The request for Omeprazole 20mg #120 is not medically necessary. The CA 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 findings that would support he was at risk for gastrointestinal bleeding or perforations, or peptic ulcers. In addition, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Ondansetron 8mg #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 Workers' Comp (ODG-TWC) Pain Procedure Summary last updated 06/10/2014, Antiemetics (for opioid nausea) and Ondansetron (Zofran).

**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 #30 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. Documentation submitted did not indicate the injured worker had findings that would support he was at risk for nausea or vomiting. In addition, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**Cyclobenzaprine hydrochloride tablets 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The request for Cyclobenzaprine hydrochloride tablets 7.5mg #120 is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of documentation of efficacy and functional improvement with the cyclobenzaprine. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Cyclobenzaprine hydrochloride tablets 7.5mg #120 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of a therapeutic trial of opioids and Opioids for chronic pain.

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

**Decision rationale:** The request for Tramadol ER 150mg #90 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing tramadol. Moreover, it is not indicated if the injured worker has signed an opioid agreement. Furthermore, the request does not indicate a frequency. Therefore, the request for Tramadol ER 150mg #90 is not medically necessary.

**Sumatriptan succinate:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Sumatriptan succinate is not medically necessary. The Official Disability Guidelines state Sumatriptan succinate is recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Although the injured worker does have migraines, there is a lack of documentation of efficacy and functional improvement with the use of sumatriptan succinate. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a dosage, frequency, or quantity. Therefore, the request for Sumatriptan succinate is not medically necessary.