

<b>Case Number:</b>	CM14-0134179		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal Medicine 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:

The patient is an injured worker with a lumbosacral spine condition. Date of injury was 08-20-2013. Primary treating physician's re-evaluation and progress report dated July 7, 2014 documented subjective complaints of symptomatology in the lumbar spine with extension into the lower extremities. The patient has had conservative measures, which include activity modification, physical therapy, and pain management. He has had twelve chiropractic physiotherapy sessions, six acupuncture treatments, and two lumbar epidural blocks. He has experienced giving away of his legs, the right side greater than the left, with dragging his feet. Family history and social history are unchanged. Physical examination was documented. The patient is a well-developed, well-nourished male, in no acute distress. The patient is currently ambulating with a cane. The patient is alert and oriented x 3. The patient is pleasant and able to follow basic instructions. The patient is cooperative during the examination. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is pain with terminal motion. No clinical evidence of instability was noted on examination. Skin was warm and dry with normal color and turgor. Circulation in the lower extremities is full. Coordination and balance were intact. There is dysesthesia in the lateral thigh, anterolateral and posterior leg and foot, which correlates with an L5-S1 dermatomal pattern. The patient admits to giving away of his legs, the right side greater than the left, and dragging his feet, consistent with foot drop. The patient is ambulating with a cane given the weakness that he has in his legs, the right side greater than the left, with possible foot drop. MRI magnetic resonance imaging revealed abnormalities at the levels of L4-5 and L5-S1. The patient is ambulating with a cane with the weakness in his legs, the right side greater than the left, with possible foot drop. Diagnosis is lumbar discopathy with disc herniations L4 to S1 with annular tearing. Treatment plan was addressed. L4 to S1 posterior lumbar interbody fusion surgery was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68-, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the prescription of Voltaren (Diclofenac), which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole 20mg #120 is 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 (ODG) Pain (updated 04/10/14) 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 (Chronic) Ondansetron (Zofran®), FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Medical records do not document symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment. Official Disability Guidelines (ODG) state that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The medical records do not support the use of Ondansetron (Zofran). Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine is not supported. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 93-94, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is a centrally acting synthetic opioid analgesic. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records document lumbar back pain with extension into the lower extremities. MRI magnetic resonance imaging revealed abnormalities at the L4-5 and L5-S1 levels. Diagnosis was lumbar discopathy with disc herniations at L4 to S1 with annular tearing. L4 to S1 posterior lumbar interbody fusion surgery was recommended. Medical records indicate that the patient had pain and objective evidence of pathology. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The use of

Tramadol is supported by MTUS guidelines. Therefore, the request for Tramadol ER 150mg #90 is medically necessary.