

<b>Case Number:</b>	CM14-0135408		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 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:

The injured worker is a 45-year-old male who sustained an injury on 05/24/13. On 8/19/14 the patient presented with complaints of pain in his cervical spine, bilateral shoulders, right elbow, groin and lumbar spine rated at 8-9/10. Pain in his cervical spine radiated into his bilateral upper extremities with paresthesia and there was paresthesia in his right ankle and right foot. On examination, there was palpable tenderness over paraspinal musculature with limited ROM. There was MRI evidence of moderate herniated nucleus pulposus with intranuclear pathology, decreased signal intensity black, pronounced decreased disc height, bilateral moderate foraminal stenosis at C5-C6 and evidence of a large herniated nucleus pulposus with intranuclear pathology, black decreased signal intensity, pronounced decreased disc height, moderate central canal stenosis and severe bilateral foraminal stenosis at L5-S1. He had certification of Tramadol on 03/10/14. He was prescribed Naproxen Sodium 550mg to reduce inflammation, Cyclobenzaprine HCL 7.5mg to reduce muscle spasm and increase ROM (range of motion) and Omeprazole 20mg to protect the stomach against other medications. No prior reference of benefit from these medications was indicated. Diagnoses included cervicgia, cervical discopathy/radiculopathy, left greater than right, rule out internal derangement left shoulder , bilateral carpal tunnel syndrome , left thigh contusion. The request for Diclofenac Sodium ER 100mg QTY: 120, Ondansetron ODT 8mg, QTY: 30, Tramadol ER 150mg, QTY: 90, Omeprazole 20mg, QTY: 120 was denied and the request for Cyclobenzaprine HCL 7.5mg, QTY 120 was modified to Cyclobenzaprine HCL 7.5mg, QTY 20 on 7/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100mg QTY: 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71, 111.

**Decision rationale:** According to the CA MTUS guidelines, "NSAIDs" such as Diclofenac are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use; the pain is rated 8-9/10. In the absence of objective functional improvement, the medical necessity for Diclofenac XR 100mg has not been established.

**Ondansetron ODT 8mg, QTY: 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), Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 06/10/2014

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

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Antiemetics (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is also FDA-approved for gastroenteritis. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy /radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not medically necessary according to the guidelines.

**Cyclobenzaprine HCL 7.5mg, QTY: 120: Upheld**

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

Guidelines (ODG), Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 06/10/2014

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

**Decision rationale:** According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial spasm to warrant antispasmodic therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program or application of modalities such as hot/cold. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol ER 150mg # 90 has not been established.

**Omeprazole 20mg, QTY: 120:** Upheld

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

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

**Decision rationale:** According to the CA MTUS, Omeprazole "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the medical records do not demonstrate the patient is symptomatic or at significant risk for GI events. Therefore, the medical necessity of the request is not established at this time.