

<b>Case Number:</b>	CM14-0138380		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 31-year-old female was reportedly injured on June 27, 2013. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain, left hip pain, bilateral knee pain, and left ankle pain. The physical examination demonstrated an antalgic gait secondary to right knee pain. There was right knee anterior tenderness, a positive McMurray's test, and painful range of motion with crepitus. Examination of the left knee noted a positive patellar grind test and McMurray's test. The examination of the lumbar spine noted tenderness along the iliac crest and a positive left-sided seeded nerve root test. There was guarded and restricted lumbar spine range of motion. There was pain and tenderness at the posterior lateral aspect of the left hip and tenderness at the L5 nerve root distribution at the left ankle and foot. Diagnostic imaging studies of the right knee were normal. Previous treatment includes a left knee arthroscopy, physical therapy, a home exercise program, and oral medications. A request had been made for Diclofenac ER, Omeprazole, Ondansetron, Cyclobenzaprine, and Tramadol ER and was not certified in the pre-authorization process on August 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 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 Page(s): 71, 112.

**Decision rationale:** Diclofenac is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first-line NSAID medications. In the absence of such documentation, the request for Diclofenac ER 100mg #120 is not medically necessary.

**Omeprazole 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, the request for Omeprazole 20mg #120 is not medically necessary.

**Ondansetron ODT 8mg #30:** 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): ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain-(Chronic); Antiemetic - (updated 06/10/14).

**Decision rationale:** Ondansetron (Zofran) is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fails to document an indication for why this medication was given. As such, this request for Ondansetron ODT 8mg #30 is not medically necessary.

**Cyclobenzaprine 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Cyclobenzaprine 7.5mg #120 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:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol ER 150mg #90 is not considered medically necessary.