

<b>Case Number:</b>	CM14-0141602		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, has a subspecialty in Interventional Spine 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 a 53-year-old female with a date of injury of 10/10/2011. According to progress report 07/08/2014, the patient presents with cervical spine, upper extremities, lumbar spine, left hip, and left knee pain. Examination of the cervical spine and upper extremity revealed tenderness at the cervical vertebral muscle and upper trapezial muscle with spasm. A positive axial loading compression test is noted and Spurling's maneuver is positive. Examination of the lumbar spine revealed palpable vertebral muscle tenderness with spasm. Seated nerve root test is positive. Examination of the left hip revealed tenderness at the greater trochanteric area and there is positive Faber's sign. Examination of the right knee revealed discomfort over the top of the anterior joint line space with positive patellar grind test. There is positive McMurray sign and a fair amount of swelling and effusion. Examination of the left knee revealed well-healed surgical incision. There was some swelling noted and stiffness due to immobilization. The listed diagnoses are: 1. Cervical discopathy/radiculitis. 2. Lumbar discopathy with radiculitis. 3. Carpal tunnel/double crush syndrome. 4. Cubital tunnel/double crush syndrome. 5. Left hip greater trochanteric bursitis. 6. Status post right knee arthroscopic surgery with degenerative joint disease with sprain of the anterior cruciate ligament and lateral collateral ligament. 7. Status post left knee arthroscopic surgery with degenerative joint disease and tear of the medial meniscus. Treatment plan is for the patient to continue with medications. Utilization review denied the request on 08/01/2014. Treatment report from 07/08/2014 and request for medication from 07/24/2014 were 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 100 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Medication for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with bilateral knee and upper extremity complaints. The current request is for diclofenac sodium ER 100 mg #120. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain and is considered a first line treatment. In this case, the patient has been utilizing diclofenac since at least 06/17/2014. Recommendation for further use cannot be supported as the treater provides no documentation of this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The request is not medically necessary.

**Omeprazole 20 mg #120: Overturned**

**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 Omeprazole Page(s): 68, 69.

**Decision rationale:** This patient presents with bilateral knee and upper extremity complaints. The current request is for omeprazole 20 mg #120. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, and (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been utilizing Omeprazole concurrently with Diclofenac since at least 06/17/2014. The treater states the patient has been utilizing NSAID on a long-term basis and presents with "GI symptoms." In this case, the treater had documented that the patient is at risk for gastrointestinal events. The request is medically necessary.

**Ondansetron 8 mg #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 TWC Pain Procedure Summary Updated 06/10/2014 Antiemetic's

**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) chapter, Antiemetic's (for opioid nausea)

**Decision rationale:** This patient presents with bilateral knee and upper extremity complaints. The current request is for Ondansetron 8 mg #30. Treater states that this medication is prescribed for patient's nausea associated with the headaches that are present with patient's chronic cervical pain. The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has the following regarding antiemetic "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." The treater is requesting this medication for the patient's nausea associated with headaches. The ODG Guidelines do not support the use of Ondansetron other than nausea following chemotherapy, acute gastroenteritis or for post-operative use. The request is not medically necessary.

**Cyclobenzaprine 7.5 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** This patient presents with bilateral knee pain and upper extremity complaints. The current request is for Cyclobenzaprine 7.5 mg #120. The MTUS Guidelines page 64 states the Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. Review of the medical file indicates the patient has been prescribed this medication since at least 06/17/2014. In this case, the patient has been prescribed muscle relaxants for long-term use, which is not supported by MTUS Guidelines. The request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89,78.

**Decision rationale:** This patient presents with bilateral knee and upper extremity complaints. The current request is for Tramadol ER 150 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 06/17/2014. In this case, recommendation for further use of Tramadol cannot be supported as the treater does not provide before and after scales to show analgesia; no specific ADLs are

discussed and no change of work status or return to work to show significant functional improvement is documented. There is no discussion of adverse side effects and aberrant behaviors are not addressed. Urine toxicology and CURES reports are not provided as well. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.