

<b>Case Number:</b>	CM14-0150567		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/06/1977
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old male with a work injury dated 11/6/77. The patient has multiple injuries including multiple injuries including the neck, back, right shoulder, upper extremities, knees, and hips. The diagnoses include cervical and lumbar discopathy, carpal tunnel/double crush syndrome, and right shoulder impingement. There is a primary treating physician report dated 10/24/13 that states that the patient has pain in his right shoulder, back, hips and knees. On exam the biceps, triceps, and brachioradialis symmetrical and equal bilaterally. The patient demonstrates a positive Tinel's for the ulnar nerve at the elbow bilaterally and on the left side, percussion of the median nerve causes paresthesias in digits four and five as well. A negative Phalen's examination is noted bilaterally. The patient is noted to have mild discomfort palpable over the right biceps proximal third of the tendon . The shoulders are level, spine is straight, the flanks are symmetrical and the pelvis is level with a negative Trendelenburg. C6 is centralized over the gluteal cleft. The patient has a normal habitus with normal thoracic kyphosis and lumbar lordosis. Upon arisal, there is no usage of upper extremity assist. There mild tenderness over the trochanters bilaterally. Similarly, no tenderness is noted along the spines or interspinous ligaments, paraspinal muscles, sacroiliac joints, or posterior superior iliac spines bilaterally. Normal heel toe gait normal toe walk, heel without difficulty is noted and the patient is capable of walk, and repetitive stair climbing . During forward flexion and lateral trunk flexion, the patient demonstrated normal reversal without complaints of discomfort and/or the need for upper extremity assist . Sensation is intact to light touch in the distribution of L2-S1 bilaterally with the exception of a 1 inch diameter area along the anterior medial joint line where the patient is noted to have a sensory loss of 10% to light touch and pin 50%. The patient further demonstrates normal muscle bulk, tone with strength in the distribution of L2-S1 bilaterally. Patellar reflexes

are symmetrical and equal bilaterally at 2+ as are the Achilles reflexes symmetrical and equal bilaterally at 2+ without upper motor neuron signs. The patient demonstrates a negative sitting, supine, and prone straight leg raise bilaterally with a negative LaSeague's. There is tenderness on the lateral joint lines as well as medial or lateral facets of the patella. He has no medial or lateral laxity in full extension or 30 degrees of knee flexion and no evidence of anterior-posterior or rotatory instability bilaterally. A negative Lachman, pivot shift, and McMurray's maneuver is noted bilaterally. The treatment plan states that the patient is to be treated with an oral anti-inflammatory, non-narcotic analgesic, possible muscle relaxant, and or trigger point or subacromial and/or intra-articular corticosteroid injections to the areas of concern if deemed appropriate by the treating physician.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**120 Omperazole 20mg (██████████): Upheld**

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

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

**Decision rationale:** 120 Omperazole 20mg (██████████) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders.

**30 Ondasetron 8mg DDT (██████████): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Ondasetron (Zofran) Antiemetics (for opioid nausea)

**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®); Antiemetics (for opioid nausea)

**Decision rationale:** 30 Ondansetron 8mg DDT (██████████) is not medically necessary per the ODG guidelines. The MTUS does not specifically address Ondansetron. The ODG does not recommend ondansetron for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use., or acutely used in for gastroenteritis. Per documentation patient

has been prescribed Ondansetron for nausea. There is no documentation that this Ondansetron is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment therefore this medication is not medically necessary.

**120 Cyclobenzaprine hydrochloride Tablets 7.5mg (██████████): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Musc.

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

**Decision rationale:** 120 Cyclobenzaprine hydrochloride Tablets 7.5mg (██████████) is not medically necessary per MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication much longer than the 2-3 week recommended period and therefore continued use is not medically necessary

**90 Tramadol ER 150mg (██████████): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol; When to Discontinue Opioids; When to Continue O.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management., . When to Discontinue Opioids: Page(s): 78-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

**Decision rationale:** 90 Tramadol ER 150mg (██████████) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines do not recommend continuing opioids without significant improvement in function or pain. The documentation indicates that the patient has been on long term opioids without evidence of functional improvement as defined by the MTUS. 90 Tramadol ER 150mg (██████████) is not medically necessary.