

<b>Case Number:</b>	CM14-0157991		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The MTUS states that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of tramadol, the patient has reported very little functional improvement over the course of one month. Tramadol HCL 150mg #30 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg (Fenoprofen Calcium) quantity of 120 pill every 12 hours for inflammatory pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70 and 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAID Page(s): 67-73.

**Decision rationale:** Nalfon (Fenoprofen) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing

osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg and right wrist pain. There was no discussion describing benefit from this medication or an individualized assessment of the worker's potential negative effects. Further, an office visit note by [REDACTED] dated 11/03/2014, which was after the date of this request, indicated the worker had no benefit from the oral medications and had prior stomach ulcers. In the absence of such evidence, the current request for Nalfon (Fenoprofen calcium) 400mg, quantity of 120, pill every 12 hours for inflammatory pain is not medically necessary.

**Omeprazole 20mg quantity of 120 1 per orem as needed for stomach upset:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Drue Information. Topic 9718, version 132.0. UpToDate, accessed 10/07/2014.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg and right wrist pain. There was no assessment describing the worker's benefit from continued use of NSAID medication or the worker's potential gastrointestinal risks. However, an office visit note by [REDACTED] dated 11/03/2014, which was after the date of this request, reported the worker had no benefit from the oral medications and had prior stomach ulcers. This note also did not discuss the worker's individualized risk and benefit with continued NSAID use. In the absence of such evidence, the current request for Omeprazole 20mg, quantity 120, one tablet as needed for upset stomach is not medically necessary

**Ondansetron 8mg orally disintegrating tablet (ODT) quantity of 30 1 tablet as needed for stomach upset, cramping and nausea no more than 2 per day:** 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 07/10/14) Antiemetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug information. Topic 9719, version 120.0. UpToDate, accessed 09/28/2014.

**Decision rationale:** Ondansetron is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg and right wrist pain. There was no mention of the worker experiencing nausea or stomach upset or cramping. The submitted documentation did not describe an indication for the use of this medication in the absence of such evidence, the current request for Ondansetron 8mg orally disintegrating tablet (ODT) quantity of 30, one tablet as needed for stomach upset, and cramping and nausea no more than 2 per day is not medically necessary.