

<b>Case Number:</b>	CM14-0162422		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported injury on 09/20/2010. The mechanism of injury was not provided. The injured worker underwent an MRI. The surgical history included a carpal and cubital tunnel release on the right and a right index and long trigger finger release on 12/13/2013. Prior treatments included physical therapy. The injured worker underwent an MRI of the cervical spine and lumbar spine. The diagnosis included lumbago. The documentation on 08/01/2014 revealed the injured worker had constant pain in the cervical spine aggravated by repetitive motion of the neck, pushing, pulling, lifting, forward reaching, and work at or above shoulder level. The mechanism of injury was not provided. It was noted the injured worker had bilateral feet and heel pain, knee pain, hip pain, and upper extremity pain, as well as left shoulder pain and low back pain. The physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasms. There was associated tenderness and numbness into the lateral forearm of the hand correlating with a C6-7 dermatomal pattern. The injured worker had palpable paravertebral muscle tenderness with spasm in the lumbar spine. The injured worker had tingling and numbness in the lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot corresponding with an L5-S1 dermatomal pattern. There was 4/5 strength in the EHL (extensor hallucis longus) and ankle plantar flexors and L5 and S1 innervated muscles. The diagnoses included cervical discopathy, bilateral shoulder impingement syndrome with partial rotator cuff tear, status post left shoulder surgery, status post left carpal and cubital tunnel release, status post right carpal and cubital tunnel release and right index and long finger release, lumbar discopathy, bilateral hip degenerative joint disease, left knee degenerative joint disease, and right knee tricompartmental degenerative joint disease with chronic partial to complete tear of the anterior cruciate ligament, and plantar fasciitis. The

treatment plan included a continuation of acupuncture and medications. The documentation indicated the diclofenac was for pain, the Omeprazole was for upset stomach, the ondansetron was for stomach cramping and nausea, and the cyclobenzaprine was for pain and spasms. The injured worker was utilizing NSAIDs and opioids as of early 2014. There was a detailed Request for Authorization dated 09/03/2014.

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

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

#### **Diclofenac sodium 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 NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 5 months. There is a lack of documentation of objective functional improvement and documentation of an objective decrease in pain. There was documented rationale for the request. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Diclofenac sodium ER 100mg, #120 is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 69.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor and proton pump inhibitors are used to treat dyspepsia secondary to NSAID use. The clinical documentation submitted for review failed to indicate the injured worker was having dyspepsia secondary to medications. There was a lack of documentation indicating the injured worker was at risk for gastrointestinal events. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20mg, #120 is not medically necessary.

#### **Ondansetron 8mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

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

**Decision rationale:** The Official Disability Guidelines indicate that ondansetron is supported for postoperative use. It is not recommended for nausea and vomiting associated with medication use. The clinical documentation submitted for review indicated the injured worker had nausea. There was a lack of documentation indicating a necessity for this medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ondansetron 8mg, #30 is not medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (last updated 7/10/14)

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documented efficacy and exceptional factors to support 120 tablets. Given the above, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg, #120 is not medically necessary.