

<b>Case Number:</b>	CM14-0168813		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and reported return to regular duty work. In a Utilization Review Report dated September 15, 2014, the claims administrator failed to approve request for Fenoprofen, Prilosec, Zofran, Flexeril, and tramadol. The applicant's attorney subsequently appealed. Several of the articles at issue, including Fenoprofen, cyclobenzaprine, Ondansetron, omeprazole, and tramadol were endorsed via prescription form/RFA form dated September 4, 2014. The form employed preprinted checkboxes. No discussion of medication efficacy was raised insofar as any of the drugs at issues were concerned. In another progress note dated August 25, 2014, the applicant reported ongoing complaints of low back pain, 4/10. The applicant was returned to regular duty work. There was no discussion of medication efficacy incorporated into this particular progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium 400 mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Anti-inflammatory Medication.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Fenoprofen usage. The attending provider failed to state whether or not ongoing usage of Fenoprofen has not proven effective. The attending provider did not outline how frequently the applicant was using Fenoprofen in his progress note. Since no material discussion of medication efficacy took place either on the RFA form/prescription form or on the progress note, the request cannot be supported. Therefore, the request was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes and/or prescription form on file contained no references to the applicant personally experiencing symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request was 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 Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Pain procedure Summary last updated 08/04/2014, Anti-emetics for Opioid Nausea,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

**Decision rationale:** While the MTUS does not address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes, has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Administration (FDA) notes that Ondansetron (Zofran) is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant personally experiencing any symptoms of reflux, heartburn, and/or dyspepsia. There was no mention of the applicant's has had any recent radiation therapy, chemotherapy, and/or surgery. No rationale for selection and/or ongoing usage of Ondansetron was proffered by the attending provider. Therefore, the request was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 08/04/2014, Non-Sedating Muscle Relaxants

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including tramadol, Fenpropfen, etc. Adding cyclobenzaprine to the mix is not recommended. It is further noted that the 120 tablet supply of cyclobenzaprine at issue represents treatment above and beyond the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it appears that the applicant was working, this is, however, outweighed by the attending provider's failure to outline any quantifiable decrements in pain and/or describe any meaningful, material improvements in function achieved as a result of ongoing tramadol usage. Neither the progress note nor the RFA form/prescription form in question incorporated

anything in the way of commentary on medication efficacy, including tramadol efficacy. Therefore, the request was not medically necessary.