

<b>Case Number:</b>	CM14-0169895		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 bilateral shoulder pain, low back pain, hearing loss, and skin cancer reportedly associated with an industrial injury of May 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; a lumbar support; unspecified amounts of acupuncture; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for Omeprazole, Ondansetron, Cyclobenzaprine, and Tramadol. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 14, 2013, the medical-legal evaluator noted that the applicant had last worked as a firefighter on May 19, 2012. The applicant had developed various issues with skin cancer, it was acknowledged, attributed to industrial injury. In an April 7, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that he wished to pursue lumbar spine surgery. Authorization for the same was sought. The applicant was described as permanently partially disabled. The applicant had retired, it was acknowledged. Medication selection and/or medication efficacy were not incorporated into this particular progress note. It was not clearly stated what medication or medications the applicant was or was not taking. In an April 21, 2014 handwritten note, the applicant again reported ongoing complaints of low back pain. It was stated that the applicant was intent on pursuing lumbar spine surgery. The applicant's work status and/or medication list were not attached. In an April 22, 2014 office visit, the applicant presented to obtain preoperative clearance for planned lumbar spine surgery. In an April 28, 2014 prescription form, the attending provider endorsed prescriptions for Ondansetron, Omeprazole, Tramadol, and Levaquin through preprinted checkboxes. No applicant-specific commentary or narrative rationale was made available. In a request for authorization form dated

April 28, 2014, Levaquin, Tramadol, Prilosec, and Zofran were all endorsed. It was stated that the applicant was scheduled for a spine surgery on May 2, 2014. On May 2, 2014, the applicant did undergo a multilevel L4-S1 lumbar fusion surgery to ameliorate preoperative diagnosis of spondylosis, instability, and spinal stenosis at the same levels. On May 15, 2014, the applicant was again given prescriptions for tramadol, Norflex, Zofran, and Voltaren, again using preprinted checkboxes with little to no narrative commentary. Multiple other handwritten progress notes of May 22, 2014 and May 15, 2014, furthermore, did not incorporate any discussion of medication selection or medication efficacy. On June 21, 2014, the attending provider again went on to refill multiple medications, including Voltaren, Norflex, Zofran, Prilosec, Tramadol, and Levaquin, again using preprinted checkboxes, with no discussion of medication efficacy or medication selection. It was not stated why these particular agents were being sought. In a September 5, 2014 history and physical, it was stated that the applicant had issues with gastroesophageal reflux and was not using any proton pump inhibitors or H2 blockers at present. The applicant did relate a history of having used NSAIDs for 20 years.

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

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

**Omeprazole 20 mg #120:** 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, GI Symptoms, and Cardiovascular Risk 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, as appears to be 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 medication efficacy into his choice of recommendations. Here, however, the attending provider has failed to state how (or if) ongoing usage of Omeprazole has proven beneficial here. The attending provider has not stated whether or not ongoing usage of Omeprazole has attenuated the applicant's symptoms of reflux, heartburn, and/or dyspepsia in any of the progress notes, referenced above. As noted previously, Omeprazole had simply been refilled from visit to visit through usage of preprinted checkboxes, with no commentary as to whether or not it has been effective here. It is further noted that the applicant's secondary treating provider wrote on September 5, 2014 that the applicant was not using any proton pump inhibitors on that date, implying that the applicant had not been compliant with previous prescriptions of Omeprazole. Therefore, the request is not 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 ODG, Pain (Zofran)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management 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, 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 a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, the applicant underwent lumbar spine surgery on May 2, 2014, i.e., over four months removed from the date of the Utilization Review Report, September 16, 2014. It was not plausible to expect that the applicant would reasonably have symptoms of nausea and/or vomiting four months removed from the date of earlier lumbar spine surgery. The attending provider did not personally report or relate symptoms of nausea and/or vomiting on and around the date of the Utilization Review Report, September 16, 2014. There is no mention of the applicant having had any cancer chemotherapy or radiation therapy. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5 mg #120:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**Tramadol 150 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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, however, the applicant is no longer working. The attending provider has likewise failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Rather, the attending provider simply refilled

Tramadol and several other medications through preprinted checkboxes which contain no discussion or mention of medication efficacy. Therefore, the request is not medically necessary.