

<b>Case Number:</b>	CM14-0172490		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 11/05/2012. The mechanism of injury was from repetitive motion. The diagnoses included mild carpal tunnel bilaterally, mild impingement of the right shoulder, and cervical radiculopathy. Within the clinical documentation dated 03/03/2014, the injured worker complained of constant, numbing, throbbing, and achiness in the bilateral hands and wrists. She reported having stiffness affecting all digits on both hands. She complained of numbness and tingling from the 2nd through the 5th digit. Upon the physical examination, the provider noted the injured worker had a positive impingement sign on the right. The provider noted the range of motion of the hands was normal. The injured worker had a positive Tinel's sign bilaterally, right greater than left. A request was submitted for omeprazole, ondansetron, and cyclobenzaprine. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20 mg #20 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65; a history of peptic ulcer disease, gastrointestinal bleeding or perforation; and the use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping NSAIDs, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, and/or gastrointestinal bleeding. It did not appear the injured worker is at risk for gastrointestinal events. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request 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 Official Disability Guidelines Pain Chapter Updated 06/07/2014

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

**Decision rationale:** The request for Ondansetron 8 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is no indication indicating the injured worker is treated for nausea and vomiting secondary to chronic opioid use. Therefore, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in

patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication for an extended period of time, since at least 03/2014, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.