

<b>Case Number:</b>	CM14-0176147		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 patient is a 55 year old female with an injury date of 09/30/13. The 09/25/14 progress report by [REDACTED] supervised by [REDACTED] states that the patient presents with constant sharp cervical spine pain radiating into the upper extremities rated 7/10 along with intermittent throbbing pain in both shoulders rated 6/10. The patient also presents with sharp lower back pain radiating into the lower extremities rated 8/10 along with frequent pain in both knees with swelling and instability rated 7/10 and intermittent pain in both feet. The patient is working with modified duties. Examination of the cervical spine shows palpable paravertebral muscle tenderness with spasm with the following tests positive: axial loading compression, Spurling's maneuver, palmar compression subsequent to Phalen's maneuver and Tinel's. Examination of the shoulders shows tenderness around the anterior glenohumeral region and subacromial space with positive Hawkins and impingement sighs. There is palpable paravertebral muscle tenderness with spasm of the lumbar spine. Seated nerve root test is positive. Examination of the knees shows tenderness in the anterior joint line spaces with positive patellar grind test and positive Murray's; and for the feet there is pain and tenderness in the plantar aspect and heels consistent with plantar fasciitis. The patient's diagnoses include cervical/lumbar discopathy; cervicalgia; carpal tunnel/double crush syndrome; rule out internal derangement bilateral knees; and bilateral plantar fasciitis. As of 06/08/14 medications are listed as Naproxen, Orphenadrine, Ondansetron, Omeprazole, Tramadol, and Terocin patch. The utilization review being challenged is dated 10/20/14. Reports were provided from 04/29/14 to 09/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen cream (Nalfon) 400mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** The provider requests for Fenoprofen cream (Nalfon) 400 mg #120 (NSAID). The reports provided do not indicate how long the patient has been using this topical medication. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The reports provided do not discuss this request. The request for authorization is not provided. In this case the patient does present with foot and knee pain for which this topical medication may be indicated. However, the provider does not document how this medication is used and with what effectiveness. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

**Decision rationale:** The provider requests for Tramadol (an opioid) ER 150 mg #90- (1/day). It is unknown how long the patient has been using this medication. The reports provided show the patient as taking Tramadol on 04/19/14 and there is a Request for Authorization for this medication on 06/08/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."The 06/08/14 report states the medication is prescribed for acute severe pain. The report further states, "The use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement in function." The reports provided show assessment of the patient's pain with the use of pain scales at each visit since 07/03/14 to 09/25/14, however, not from 04/29/14 to 06/08/14. Shoulder pain lowered from 10/10 to 6/10; cervical spine pain remained unchanged at 8/10, lower back pain declined from 10/10 to 8/10, and knee pain decreased from 8/10 to 7/10. No pain scale is used for foot pain. The 04/29/14 report by [REDACTED] states that the patient experiences ADL

limitations for: Self-care/hygiene, physical activity, ambulation, hand function, and sleep. The 07/08/14 report by [REDACTED] states the patient cannot sit or walk for more than 20 minutes and she uses a cane to ambulate. The patient is also noted to be working with modified duties. Opiate management issues are not addressed and no urine toxicology reports are provided or discussed. No outcome measures are documented as required by MTUS. In this case, discussion of this medication is limited to the 04/29/14 and 06/08/14 reports. Several reports discuss medication under separate cover; however, this documentation is not provided. The provider states the medication has been of benefit in past "flare-ups"; however, pain scales show at most a 1-2 point decline in pain. Other than work, the reports do not show a significant improvement with the use of this medication. There is not sufficient documentation to support long term opioid use as required by MTUS. Therefore, this request is not medically necessary.

### **Cyclobenzaprine Hydrochloride #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

**Decision rationale:** The provider requests for Cyclobenzaprine Hydrochloride #120. The reports provided do not show how long the patient has been taking this medication. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP)." MTUS does not recommend more than 2-3 weeks for use of this medication. This medication is not discussed in the reports provided. The Request for Authorization is not included. Reports from [REDACTED] from 07/03/14 to 09/25/13 state that medications will be discussed under separate cover; however, this documentation is not provided. In this case, lacking documentation of the intended use of the medication and discussion of short-term use recommended by MTUS, the request is not medically necessary.

### **Omeprazole 20mg #120: Overturned**

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

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

**Decision rationale:** The provider requests for: Omeprazole 20 mg #120 (2/day). The reports provided show the patient taking this medication on 04/29/14. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."

PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age >65, concurrent use of oral anticoagulation, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. The 06/08/14 Request for Authorization states this medication is being prescribed for GI symptoms and should be taken as needed for upset stomach along with pain and anti-inflammatory medications to protect the stomach and prevent GI complications. The report further states, "The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain." This report also notes that Naproxen Sodium (an NSAID) tablets 550 mg is being recommended to the patient and states the patient fits criteria for the use of the medication due the concurrent use of high dose or multiple NSAIDs. In this case, the provider states the prophylactic use of the medication, discusses GI assessment, and notes the patient is prescribed an NSAID. Therefore, this request is 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), Pain Procedure Summary, Antiemetics

**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 provider requests for: Ondansetron 8mg #30 (1-2/day). The reports provided do not show how long the patient has been taking this medication. The only discussion is in a 06/08/14 Request for Authorization. Official Disability Guidelines Pain Chapter, Ondansetron, have the following: Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for chemo-induced or post-operative nausea. The 06/08/14 report states the medication is being prescribed for, "...Nausea associated with headaches that are present with chronic cervical spine pain." The report further states the patient has documented significant abnormalities in the cervical spine that result in associated pain with headaches that are migraines in nature. The 05/01/14 treatment report notes headaches and migraines in this patient. No other reports discuss this medication and the provider does not state that it helps the patient. In this case, per Official Disability Guidelines, the medication is indicated for chemo induced or post-operative nausea which is not present in this patient. Therefore, this request is not medically necessary.