

Case Number:	CM14-0177894		
Date Assigned:	10/31/2014	Date of Injury:	04/23/2010
Decision Date:	12/24/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 59 year old patient with date of injury of 04/23/2010. Medical records indicate the patient is undergoing treatment for cervical discopathy, status post left shoulder surgery, status post right shoulder arthroscopic surgery, lumbar discopathy, status post right knee surgery, internal derangement of the left knee and bilateral plantar fasciitis, and cervical spondylosis . Subjective complaints include cervicgia, migraines and tension between the shoulder blades. Objective findings include paravertebral muscle tension, positive axial loading compression test; pain with terminal motion, residual weakness and limited range of motion of bilateral shoulders; positive seated nerve root test for left lower extremity; pain with terminal flexion with crepitus of bilateral knees; Positive McMurray's sign and patellar compression test of left knee. The cervical spine exam is unchanged but there is some residual symptomatology. Treatment has consisted of Vicodin, Crestor, Welchol, Baby Aspirin, Tizanidine, Ondansetron, Naproxen, Cyclobenzaprine Hydrochloride, Sumatriptan Succinate Medrox pain relief ointment and surgical intervention. The utilization review determination was rendered on 10/03/2014 recommending non-certification of Retrospective request for Omeprazole Delayed-Release Capsules 20 mg # 120 DOS 7/30/2012, Retrospective request for Ondansetron ODT Tablets 8 mg # 30, two refills, # 60, DOS 7/30/2012, Retrospective request for Medrox pain relief ointment 120 gm, two refills, # 240 DOS 07/30/2012, Retrospective request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 DOS 07/30/2012, Retrospective request for Sumatriptan Succinate Tablets 25 mg # 9, two refills DOS 7/30/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omeprazole Delayed-Release Capsules 20 mg # 120 DOS
7/30/2012: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms and cardiovascular risk

Decision rationale: The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Retrospective request for Omeprazole Delayed-Release Capsules 20 mg # 120 DOS 7/30/2012 is not medically necessary.

**Retrospective request for Ondansetron ODT Tablets 8 mg # 30, two refills, # 60, DOS
7/30/2012: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drugs Consult. Zofran/Ondansetron

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, and opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea)

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, Ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for Retrospective request for Ondansetron ODT Tablets 8 mg # 30, two refills, # 60, DOS 7/30/2012 is not medically indicated.

**Retrospective request for Medrox pain relief ointment 120 gm, two refills, # 240 DOS
07/30/2012: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Capsaicin Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Retrospective request for Medrox pain relief ointment 120 gm, two refills, # 240 DOS 07/30/2012, is not medically necessary.

Retrospective request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 DOS 07/30/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. UpToDate "Flexeril" also recommends "Do

not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. As such, the request for Retrospective request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 DOS 07/30/2012 is not medically necessary.

Retrospective request for Sumatriptan Succinate Tablets 25 mg # 9, two refills DOS 7/30/2012: 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) Head Procedure Summary

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

Decision rationale: MTUS and ACOEM are silent with regards to Sumatriptan (Imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, "Recommended for migraine sufferers." The treating physician's does not include ongoing complaints of migraines, the documentation provided indicates that the headaches are cervicogenic in nature and would not require the use of, nor benefit from, a serotonin 5-HT 1 receptor agonist. Therefore the request for Retrospective request for Sumatriptan Succinate Tablets 25 mg # 9, two refills DOS 7/30/2012 is not medically necessary.