

<b>Case Number:</b>	CM14-0021174		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 neck, shoulder, and elbow pain reportedly associated with an industrial injury of February 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report of February 4, 2014, the claims administrator denied a request for Naprosyn, cyclobenzaprine, ondansetron, and omeprazole. The overall rationale for the denial was sparse to minimal. The claims administrator simply quoted the guidelines and stated that the applicant did not meet these guidelines but noted that the attending provider's own documentation was likewise sparse. The applicant's attorney subsequently appealed. The attending provider did apparently prescribe the applicant with Naprosyn, Flexeril, omeprazole, and tramadol on October 25, 2013, through usage of preprinted checkboxes, without any narrative commentary, rationale, or progress note attached. Similarly, on January 15, 2014, the applicant was again given prescriptions for Naprosyn, Flexeril, ondansetron, omeprazole, and tramadol, again, without any attached progress note, rationale, narrative, or commentary. In an October 8, 2013 letter, the attending provider appealed an earlier denial of previously pursued spine surgery. The applicant was placed off of work, on total temporary disability, on an office visit of October 1, 2013 and June 21, 2013. It was stated that the applicant had not benefitted from earlier epidural steroid injection therapy. The applicant was described as reporting significant constraints in terms of performance of activities of daily living, including lifting, reaching, grabbing, pushing, and pulling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**ONDANSETRON ODT TABLETS 8MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines note that drugs should generally be used for FDA-approved purposes by stating that prescribing provider should furnish justification and evidence for usage of medications for non-FDA approved purposes. As noted by the Food and Drug Administration (FDA), Ondansetron or Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had a recent chemotherapy, radiation therapy, and/or surgery. It was not clearly stated that the applicant was in fact having any symptoms of nausea and/or vomiting for which ongoing usage of Ondansetron or Zofran would be indicated. Again, the attending provider did not attach any narrative rationale, commentary, or progress note along with the request for authorization for Ondansetron. Therefore, the request is not medically necessary.

**OMEPRAZOLE DELAYED-RELEASE CAPSULES: 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.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors in the treatment of NSAID-induced dyspepsia, in this case, however, the highly-templated preprinted checkboxes on which omeprazole was

prescribed did not make any mention of any active symptoms of reflux, heartburn, and/or dyspepsia for which omeprazole would be indicated. Therefore, the request is not medically necessary.

**NAPROXEN SODIUM TABLETS 550MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, as with the other medications, the attending provider has not established the presence of any lasting benefit or functional improvement through ongoing usage of Naprosyn as defined by the parameters established in MTUS 9792.20f. The applicant is off of work, on total temporary disability. The applicant's ability to perform even basic activities of daily living such as lifting, carrying, and reaching, appears to be limited, despite prior usage of Naprosyn. There has been no mention of ongoing Naprosyn's usage being beneficial here. Therefore, the request is not medically necessary.