

<b>Case Number:</b>	CM14-0023074		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/09/1979
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 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 59 year old female who was injured on 07/09/1979. The patient has a history of continuous trauma. The mechanism of injury is unknown. On first report of injury dated 12/11/2013, the patient complains of intermittent pain. On exam, she has pain that is rated as 5-6/10. She has cervical spine pain radiating to bilateral shoulder blades, bilateral shoulders, and right greater than left hand pain. She has bilateral long and ring trigger finger, bilateral carpal tunnel syndrome. diagnoses are cervicalgia, lumbago, bilateral shoulder and bilateral feet pain. A prior UR dated 01/28/2014 states the request for omeprazole delayed release 20 mg, 120 cyclobenzaprine hydrochloride 7.5 mg, 90 tramadol hydrochloride 150 mg, and 60 ondansetron 8 mg orally disintegrating tablets (odt) are non-certified as the necessity for these treatments have not been established. Naproxen Sodium 550 mg is certified as it is supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **120 NAPROXEN SODIUM 550 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Naproxen; Anti-Inflamma.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s).

**Decision rationale:** According to the CA MTUS, Naproxen is a non steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. Given the documented subjective complaints and objective findings documented in the 12/11/2013 First Doctor's Report it is reasonable that the patient be provided with a non steroidal anti-inflammatory to provide symptomatic relief of mild to moderate pain. This request is supported by the referenced guidelines.

**120 OMEPRAZOLE DELAYED RELEASE 20 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & ca. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

**Decision rationale:** The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The medical records do not establish this patient is at significant risk for GI events. Omeprazole is not medically indicated.

**60 ONDANSETRON 8 MG ORALLY DISINTEGRATING TABLETS (ODT): 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).

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

**Decision rationale:** The CA MTUS guidelines do not discuss the issue in dispute. According to the Official Disability Guidelines, Ondansetron (Zofran<sup>®</sup>; 1/2) is a serotonin 5-HT<sub>3</sub> receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. According to the medications prescription form dated 1/14/2014, Ondansetron is prescribed PRN upset stomach/cramping pain/nausea, no more than twice per day. According to the 12/16/2013 medication authorization request form, Ondansetron was being prescribed for nausea associated with headaches that are present with chronic cervical spine pain. The medical records do not establish this patient has any condition for which this medication is indicated to treat. The medical necessity of this request is not established by the medical records.

**120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril<sup>®</sup> 1/2) Page(s): 41, 64.

**Decision rationale:** According to CA MTUS, Cyclobenzaprine (Flexeril<sup>®</sup> 1/2) is recommended as an option, using a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records do not document the presence of muscle spasm on current examination, and do not establish the patient presents with an acute exacerbation unresponsive to first-line interventions. Furthermore, the patient has been prescribed Cyclobenzaprine at least since December 2013. The chronic use of muscle relaxants is not recommended by the guidelines. Consequently, Cyclobenzaprine is not medically necessary.

**90 TRAMADOL HYDROCHLORIDE 150 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL (ULTRAM (R)); OPIOIDS, ON-GOING MANAGEMENT; OPIOIDS, WHEN TO DISCONTINUE; WEANING OF MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram<sup>®</sup> 1/2), Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS Guidelines, Ultram (Tramadol) is recommended as a second-line treatment (alone or in combination with first-line drugs). Opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The 1/14/2014 medication prescription form indicates Tramadol ER 150mg #90 was prescribed as one tablet once a day as needed for pain. The medical records do not include a current medical report, documenting the patient's presenting complaint, objective findings, as well as assessment of the patient's response to medication regimen. The medical records do not establish there has been objective improvement with this medication, nor do they establish that pain and functional deficits exist that warrant use of this second-line intervention. The medical necessity of Tramadol has not been established.