

<b>Case Number:</b>	CM14-0027091		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Internal 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 injured worker is a 56 year old male who sustained an injury on 01/17/12 when he was involved in a motor vehicle accident that aggravated chronic neck and low back conditions. The injured worker has been followed for complaints of chronic neck and low back pain as well as headaches and shoulder tension. No recent evaluation was provided for review. The requested medications were denied by utilization review on 02/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In review of the minimal clinical documentation provided, there are no indications currently that would support the ongoing use of this requested medications. There was an Agreed Medical Exam report from March of 2013; however, there was no further ongoing clinical evaluations noting the efficacy of this medication to support ongoing

prescriptions. As such, due to the paucity of clinical information provided, the request is not medically necessary and appropriate.

**18 TABLETS OF SUMATRIPTAN 25MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In review of the minimal clinical documentation provided, there are no indications currently that would support the ongoing use of this requested medications. There was an Agreed Medical Exam report from March of 2013; however, there was no further ongoing clinical evaluations noting the efficacy of this medication to support ongoing prescriptions. As such, due to the paucity of clinical information provided, the request is not medically necessary and appropriate.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Anti-emetics

**Decision rationale:** In review of the minimal clinical documentation provided, there are no indications currently that would support the ongoing use of this requested medications. There was an Agreed Medical Exam report from March of 2013; however, there was no further ongoing clinical evaluations noting the efficacy of this medication to support ongoing prescriptions. As such, the request is not medically necessary and appropriate.

**120 DELAYED RELEASED CAPSULES OF OMEPRAZOLE 20MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, proton pump inhibitors

**Decision rationale:** In review of the minimal clinical documentation provided, there are no indications currently that would support the ongoing use of this requested medications. There was an Agreed Medical Exam report from March of 2013; however, there was no further

ongoing clinical evaluations noting the efficacy of this medication to support ongoing prescriptions. As such, due to the paucity of clinical information provided, the request is not medically necessary and appropriate.

**2 MEDROX PAIN RELIEF OINTMENT 120GM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** In review of the minimal clinical documentation provided, there are no indications currently that would support the ongoing use of this requested medications. There was an Agreed Medical Exam report from March of 2013; however, there was no further ongoing clinical evaluations noting the efficacy of this medication to support ongoing prescriptions. As such, due to the paucity of clinical information provided, the request is not medically necessary and appropriate.

**90 TRAMADOL HYDROCHLORIDE ER 150MG: Upheld**

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

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

**Decision rationale:** In review of the minimal clinical documentation provided, there are no indications currently that would support the ongoing use of this requested medications. There was an Agreed Medical Exam report from March of 2013; however, there was no further ongoing clinical evaluations noting the efficacy of this medication to support ongoing prescriptions. As such, due to the paucity of clinical information provided, the request is not medically necessary and appropriate.