

<b>Case Number:</b>	CM14-0028634		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 injured worker is a 39-year-old female who reported an injury on 12/24/2010. The mechanism of injury was not provided. On 01/07/2014, the injured worker presented with low back pain aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. Upon examination of the left upper extremity, there was pain with terminal motion. The bilateral wrist examination noted a positive Tinel's and Phalen's sign. The physical exam of the lumbar spine revealed tenderness from the mid to distal lumbar segments, and pain with terminal motion. There was also dysthensia noted at the L5-S1 dermatomes. Prior therapy included surgery, physical therapy, and medication. The diagnoses were not noted. The provider recommended omeprazole, ondansetron, cyclobenzaprine, and tramadol ER. The provider's rationale was not provided. The Request for Authorization form was dated 01/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF OMEPRAZOLE DR 20MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

**Decision rationale:** The request for omeprazole DR 20 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines state all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, or onset of worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the lowest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a completed adequate pain assessment, and efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**PRESCRIPTION OF ONDANSETRON ODT 8MG, #30 WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** The request for ondansetron ODT 8 mg with a quantity of 30 with 2 refills is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for cyclobenzaprine 7.5 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for short course therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for cyclobenzaprine 7.5 mg with a quantity of 120 exceeds the guideline recommendation of short term therapy. The provided medical records lack evidence of functional improvement with the medication. The provider's rationale was not provided within the documentation. Additionally, the provider's request for cyclobenzaprine does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**PRESCRIPTION OF TRAMADOL ER 150MG, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (For Neuropathic Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for tramadol ER 150 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.