

<b>Case Number:</b>	CM14-0032277		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 58 year-old male injured on 6/7/2010. The mechanism of injury was not listed in the records submitted for review. The most recent progress note, dated 1/9/2014, indicated that there were ongoing complaints of persistent low back pain and upper extremity pain and remains unchanged. The physical examination demonstrated upper extremities: Positive Tinel's at the elbows, positive Tinel's and Phalen's at the left wrist, pain with terminal flexion, left wrist limited range of motion and weak grip. Thoracolumbar spine: Tenderness to the paravertebral muscles, pain with terminal motion. Seated nerve root test was positive. Dyesthesia at the right L5-S1 dermatome. Diagnostic imaging studies included an MRI of the lumbar spine on 3/27/2014 which revealed severe degenerative disc disease, mild facet arthropathy, and disc bulge resulting in mild central canal stenosis. Previous treatment included mention of electrodiagnostic evidence of bilateral carpal tunnel syndrome on note dated 1/9/2014; no official report was available for review. A request had been made for naproxen sodium 550 mg #100, cyclobenzaprine hydrochloride 7.5 mg #120, ondansetron ODT 8 mg #60, omeprazole delayed-release 20 mg #120, tramadol hydrochloride er 150 mg #90, terocin patch #10 and was not certified in the pre-authorization process on 2/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Naproxen Sodium 550mg, #100: 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 66 & 73 of 127.

**Decision rationale:** Naproxen is an anti-inflammatory medication for the relief of symptoms of osteoarthritis. According to the medical documentation provided, the patient was previously given naproxen, but upon subsequent visits, there were no objective clinical findings of a decrease in pain or increase in function. Therefore, without appropriate documentation stating the benefit of this medication in the treatment of this injured worker, this medication refill request is not recommended as medically necessary.

**Prescription of Cyclobenzaprine Hydrochloride 7.5mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants ( for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary (last updated 01/07/14), non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants Page(s): pages 41, 64 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of skeletal muscle relaxants such as cyclobenzaprine for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and lack of supporting clinical documentation of subjective clinical findings of improvement in function, the guidelines do not support this request for continuation of this medication chronic pain. As such, the request is not medically necessary.

**Prescription of Ondansetron ODT 8mg, #60:** 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-TWC), Pain Procedure Summary (last updated 01/07/14), Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic); Antiemetic - (updated 06/10/14).

**Decision rationale:** Ondansetron is used for the treatment of nausea and vomiting secondary to chemotherapy, radiation treatment, postoperatively, and acute gastroenteritis. The Official Disability Guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fail to document an indication or medical condition for why this medication was given. As such, this request is not considered medically necessary.

**Prescription of Omeprazole Delayed-Release 20mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There are numerous proton pump inhibitors available over-the-counter without a prescription. After review of the medical records provided, there has not been any documentation or a diagnosis for this claimant, for the need of this medication. The use of this medication is not clearly related to the work injury. Therefore, the request for this medication is deemed not medically necessary.

**Prescription of Tramadol Hydrochloride ER 150mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 83, 113 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of clinical objective findings or increase in functional improvement with Tramadol, the request is not considered medically necessary.

**Prescription for Terocin Patch, #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and used with few randomized controlled trials to determine the efficacy or safety of this product. Topical analgesics are primarily recommended for neuropathic pain when trials antidepressants and/or anticonvulsants have failed. After reviewing the medical documentation of this injured worker with chronic back and extremity pain, there was no

supporting documentation of a failure of recommended primary treatment options. Therefore, this medication request is deemed not medically necessary.