

<b>Case Number:</b>	CM14-0033727		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52 year old male injured on 02/09/2010 due to an undisclosed mechanism of injury. Current diagnoses include status post bilateral knee surgery x 2 with degenerative joint disease and lumbar discopathy. Clinical note dated 08/12/13 indicates the injured worker presented complaining of knee and low back pain awaiting recommended Synvisc injection. Physical examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles, pain with terminal motion, and seated nerve root test positive. Examination of the bilateral knees revealed tenderness at the knee joint line, well healed arthroscopic portals, and pain with terminal flexion with crepitus. Continuation of postoperative physical therapy and bilateral Synvisc injections were recommended. Clinical note dated 02/07/14 indicates the injured worker presented complaining of persistent low back pain and knee pain. Physical examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles, pain with terminal motion, seated nerve root test positive, and dysesthesias at the L5 and S1 dermatomes. Examination of the bilateral knees revealed well healed scar, tenderness at the knee joint line anteriorly, positive patellar compression test, and pain with terminal flexion. The initial request for naproxen sodium tablets 550 mg #120, cyclobenzaprine hydrochloride 7.5 mg #120, Terocin patch #30, omeprazole delayed release 20 mg #120, tramadol hydrochloride ER 150 mg #90 was initially non-certified on 02/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium Tablets 550mg Quantity 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen Sodium Tablets 550mg Quantity 120 is not medically necessary.

**Cyclobenaprine Hydrochloride 7.5 mg Quantity 120: Upheld**

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

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

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the request for Cyclobenaprine Hydrochloride 7.5 mg Quantity 120 is not medically necessary.

**Omerazole Delayed Release 20 mg Quantity 120: Upheld**

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

**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:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole Delayed Release 20 mg Quantity 120 is not medically necessary.

**Tramadol Hydrochloride ER 150 mg Quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As such, the request for Tramadol Hydrochloride ER 150 mg, quantity 90 is not medically necessary.

**Ondansetron ODT 8 mg Quantity 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 Pain.

**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), Antiemetics (for opioid nausea).

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is Food and Drug Administration (FDA)-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured worker has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron ODT 8 mg Quantity 60 is not medically necessary.