

<b>Case Number:</b>	CM14-0063880		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 04/03/2013. The mechanism of injury was an altercation. His diagnoses included cervicalgia and lumbago. Past treatments included medications and a home exercise program. Diagnostic studies included an MRI of the lumbar spine performed on 11/05/2013, which was noted to reveal moderate loss of disc space height, disc desiccation, and mild facet arthropathy. His surgical history included neck surgery in 2001 and right shoulder arthroscopy in 1998, as well as cervical spine fusion at C5-6 and C6-7 in 1994. On 04/22/2014, the injured worker complained of continued pain to the cervical spine and lumbar spine. The physical examination revealed a negative Neer's test and tenderness to palpation of the cervical and lumbar spine. His current medications were not listed. The treatment plan included a home exercise program and medications. A request was received for Naproxen Sodium 550 mg quantity 120, Cyclobenzaprine HCL 7.5 mg quantity 120, Ondansetron ODT 8 mg quantity 60, Omeprazole delayed release 20 mg quantity 120, Tramadol HCL ER 150 mg quantity 90, and Terocin patches quantity 30. The rationale for the request was not provided. The Request for Authorization Form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550 mg #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 NSAIDs Page(s): 67-68.

**Decision rationale:** The request for Naproxen Sodium 550 mg #120 is not medically necessary. The California MTUS Guidelines recommend NSAIDs for chronic low back pain as an option for short term symptomatic relief. The clinical notes indicate that the injured worker complained of continued back pain. However, as the most recent physical examination note was dated 04/22/2014, there is more information needed to indicate the need for Naproxen Sodium 550 mg #120. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

**Cyclobenzaprine HCL 7.5 mg #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), Treatment in Workers Compensation (TWC) Pain Procedure Summary, 03/18/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The request for Cyclobenzaprine HCL 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as a short term course of therapy for back pain. The most recent physical examination record, dated 04/22/2014, noted tenderness to palpation of the spine. However, no further examination of the injured worker was documented. In the absence of appropriate documentation to indicate the need for cyclobenzaprine, the request is not supported. In addition, the request, as submitted does not specify frequency of use. Therefore, the request is not medically necessary.

**Ondansetron ODT 8 mg #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), Treatment in Workers Compensation (TWC) Pain Procedure Summary, 03/18/2014

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

**Decision rationale:** The request for Ondansetron ODT 8 mg #60 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. The clinical notes indicate that the injured worker was prescribed opioids as long ago as 01/28/2014. However, there is no documentation to indicate that the injured worker complained of nausea or vomiting. As there is no documented evidence to support the need for Ondansetron, as the medication is not recommended according to

guidelines, the request is not supported. In addition, the request, as submitted, does not specify a frequency of use. Therefore, the request is not medically necessary.

**Omeprazole delayed release 20 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk.

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

**Decision rationale:** The request for Omeprazole delayed release 20 mg #120 is not medically necessary. The California MTUS Guidelines recommend Omeprazole in cases where the patient is at intermediate risk for gastrointestinal events. The clinical notes indicate that examination of the injured worker revealed tenderness to palpation of the cervical and lumbar spine. However, there was no documentation of further physical examinations indicating that the injured worker suffers from gastrointestinal events or it at risk for gastrointestinal events. In the absence of appropriate documentation, the request is not supported. In addition, the request, as submitted, does not specify a frequency of use. Therefore, the request is not medically necessary.

**Tramadol HCL ER 150 mg #90: Upheld**

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

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

**Decision rationale:** The request for Tramadol HCL ER 150 mg #90 is not medically necessary. The California MTUS Guidelines state that ongoing use of opioids should include documentation of pain assessments, functional status, appropriate medication use, and adverse side effects. The clinical notes indicate that the injured worker was prescribed Tramadol as long ago as 1/28/2014. However, there is no documentation of pain assessments, functional status, appropriate medication use, or adverse side effects. In the absence of appropriate documentation indicating the continued use of opioids, the request is not supported. In addition, the request, as submitted, does not specify a frequency of use. Therefore, the request is not medically necessary.

**Terocin patches #30: Upheld**

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

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

**Decision rationale:** The request for Terocin patches #30 is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation indicates that the injured worker complained of continued back pain. However, there was no medication list to indicate primary trials of antidepressants or anticonvulsants, nor were there documents of further examinations to warrant the use of Terocin patches. In the absence of proper documentation to indicate the need for Terocin patches, the request is not supported. In addition, the request, as submitted, does not specify a frequency of use. Therefore, the request is not medically necessary.