

<b>Case Number:</b>	CM13-0068740		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female with an industrial injury dated 11/05/2012 from repetitive task. Her diagnoses include cervical discopathy, carpal tunnel /double crush syndrome, and rule out internal derangement. Recent diagnostic testing has included electrodiagnostic studies (09/20/2013) showing evidence of carpal tunnel syndrome in the right wrist, x-rays of the cervical spine (10/10/2013) showing cervical spondylosis, x-rays of the shoulders and wrists (10/10/2013) showing no acute abnormalities. She has been treated with conservative care, medications, cortisone injection to the right wrist, physical therapy, and massage therapy. In a progress note dated 10/10/2013, the treating physician reports constant pain in the cervical spine that is aggravated by repetitive motions with radiation into the upper extremities and associated headaches that are migraine in nature, tension between the shoulder blades, constant pain in both shoulders, elbows and wrists with numbness and tingling in the fingers. The objective examination revealed paravertebral muscle spasms in the cervical spine, positive axial loading compression test, positive palmar compression test, and positive Phalen's and Spurling's maneuvers. Examination of the shoulders revealed tenderness to palpation around the bilateral shoulder girdles and levator scapulae, and symptomology with internal rotation and forward flexion. The treating physician is requesting multiple medications, which were denied by the utilization review. On 12/09/2013, Utilization Review non-certified a prescription for ondansetron ODT 8mg (for nausea, no more than 2 times per day) #60, noting the absence of documentation regarding the specific condition that is causing the injured worker's nausea. The ODG Guidelines were cited. On 12/09/2013, Utilization Review non-certified a prescription for

cyclobenzaprine 7.5mg (1 tablet every 8 hours for muscle spasms only) #120, noting the absence of documented functional improvement related to the use of this medication, and the lack of support for long term use. The MTUS Guidelines were cited. On 12/09/2013, Utilization Review non-certified a prescription for omeprazole delayed release 20mg (every 12 hours) #120, noting the lack of documentation stating why over the counter forms of this medication is not adequate for this injured worker. The MTUS and ODG Guidelines were cited. On 12/09/2013, Utilization Review non-certified a prescription for naproxen sodium tablets 550mg (once every 12 hours) #100, noting the lack of documentation stating why over the counter forms of this medication is not adequate for this injured worker. The MTUS Guidelines were cited. On 12/19/2013, the injured worker submitted an application for IMR for review of ondansetron ODT 8mg for nausea (no more than 2 times per day) #60, cyclobenzaprine 7.5mg (1 tablet every 8 hours for muscle spasms only) #120, omeprazole delayed release 20mg (every 12 hours) #120, and naproxen sodium tablets 550mg (once every 12 hours) #100.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONDANSETRON ODT 8MG FOR NAUSEA NO MORE THAN 2X A DAY #60**

**TABLETS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN, ANTIEMETICS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter on ondansetron -Zofran.

**Decision rationale:** This patient presents with neck, bilateral shoulder, bilateral elbow, and bilateral wrist pain. The teacher is requesting Ondansetron ODT 8 mg for nausea no more than two times a day quantity 60 tablets. The RFA was not made available for review. The patient's stated injury is from 11/05/2012 and his current work status is return to work without restrictions. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines under the pain chapter on Ondansetron –Zofran does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The records do not show a history of Ondansetron use. The report making the request was not made available. In this case, Ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. The request is not medically necessary.

#### **CYCLOBENZAPRINE 7.5MG ONE TABLET EVERY 8 HOURS FOR MUSCLE**

**SPASMS ONLY #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with neck, bilateral shoulder, bilateral elbow, and bilateral wrist pain. The teacher is requesting Cyclobenzaprine 7.5 mg one tablet every eight hours for muscle spasms only quantity 120. The RFA was not made available for review. The patient's stated injury is from 11/05/2012 and his current work status is return to work without restrictions. The MTUS guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records do not show any previous history of Cyclobenzaprine use. The 10/13/2013 progress report shows the cervical spine paravertebral muscle spasms. Shoulders reveal tenderness around the bilateral girdles and levator scapulae. While a trial of Cyclobenzaprine is appropriate for this patient, the requested quantity exceeds MTUS guidelines. The request IS NOT medically necessary.

**NAPROXEN SODIUM TABLETS #550MG ONCE EVERY 12 HRS #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with neck, bilateral shoulder, bilateral elbow, and bilateral wrist pain. The teacher is requesting Naproxen Sodium tablet 550 mg once every 12 hours quantity 100. The RFA was not made available for review. The patient's stated injury is from 11/05/2012 and his current work status is return to work without restrictions. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records do not show a history of Naproxen use. The report making the request was not made available. Given the patient's chronic pain symptoms, a trial of Naproxen is supported by the MTUS guidelines to reduce pain and inflammation. The request IS medically necessary.

**OMEPRAZOLE DELAYED- RELEASE 20MG EVERY 12HRS #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** This patient presents with neck, bilateral shoulder, bilateral elbow, and bilateral wrist pain. The teacher is requesting Omeprazole delayed release 20 mg every 12 hours quantity 120. The RFA was not made available for review. The patient's stated injury is from 11/05/2012 and his current work status is return to work without restrictions. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The records do not show a history of Omeprazole use. The report making the request was not made available. None of the reports from 06/05/2013 to 10/13/2013 show any gastrointestinal events or issues. The MTUS guidelines do not recommend the routine use of PPI's without documentation of gastrointestinal events. The request IS NOT medically necessary.