

<b>Case Number:</b>	CM14-0102959		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. 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: Emergency Medicine

### 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 injury on 03/02/2013. The mechanism of injury was not provided. The documentation submitted for review dated 07/10/2014 revealed the injured worker was receiving Voltaren for inflammation and pain, cyclobenzaprine for palpable muscle spasms, Ondansetron for nausea associated with headaches that were present in the cervical spine, omeprazole due to GI symptoms, and tramadol for acute severe pain. The mechanism of injury was not provided. The documentation of 06/19/2014 revealed the injured worker had a constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The physical examination revealed there was palpable paravertebral muscle tenderness with spasms. The seated nerve root test was positive. The ranges of motion in flexion and extension were guarded and restricted. The diagnoses included disc disorder of lumbar and cervical. The treatment plan included medication refills. Additionally, it was documented the injured worker was pending authorization for physical therapy. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**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, Ondansetron.

**Decision rationale:** The Official Disability Guidelines indicate that antiemetics are recommended for surgical intervention and chemotherapy induced nausea; however, they are not recommended for nausea and vomiting secondary to chronic opioid use and the only indications are for postoperative use or chemotherapy induced nausea. The clinical documentation submitted for review indicated the injured worker was utilizing the medication due to nausea caused by headaches. The efficacy of the medication was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ondansetron 8 mg Qty 60 is not medically necessary.

**omeprazole 20mg Qty 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 Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend that for the use of a proton pump inhibitor, injured workers should be assessed for an intermediate or high risk for gastrointestinal events. Additionally, PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The documentation indicated the injured worker was being prescribed the medication for GI symptoms. However, the efficacy of the requested medication was not provided. Additionally, the documentation indicated the injured worker would be taking 1 every 12 hours and the quantity of 120 would not be necessary for the recommended dosing. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of the efficacy the request for omeprazole 20 mg Qty 120 is not medically necessary.

**Orphenadrine Citrate ER 100mg Qty 20: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had palpable spasms upon examination. However, the efficacy of the medication was not provided. There was a lack of documentation indicating a necessity for continued usage. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine citrate ER 100 mg Qty 20 is not medically necessary.

**Tramadol Er 150mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker was being monitored for side effects. However, there as a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and that the injured worker had objective functional improvement and an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg Qty 60 is not medically necessary.

**Terocin Patch Qty 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 Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety "are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review

failed to provide a rationale for the requested medication. There was a lack of this medication being requested per the submitted documentation. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Terocin patch Qty 30 is not medically necessary.