

<b>Case Number:</b>	CM14-0133969		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	12/03/1993
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 71 year old male with a reported industrial injury on December 3, 1993. On July 9, 2014, Dr. [REDACTED] noted subjective complaints that included constant low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and walking multiple blocks, the pain was characterized as sharp and radiating into the lower extremities, the injured worker complains of swelling and bucking and the pain is worsening. The left knee is constant pain aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing the pain in the ankle and foot is constant and aggravated by ascending and descending stairs, lifting and bending and characterized as burning. The physical exam of the knee revealed tenderness in the joint line, patella grind test positive, McMurray positive and swelling was noted, the ankle and foot inspection revealed tenderness over the anterior portion of the ankle and plantar, pain with inversion and eversion of the ankle and the inspection of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm, standing flexion and extension are guarded and restricted, there was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot. The diagnostic studies have included flexion and extension dynamic radiographs of the cervical spine reveal disc space height collapsed at C5/6 and anterior spur at C4/5. Weight bearing X-rays including AP in 0 degree extension and PA in 20 degree flexion as well as lateral and patellar views of the left knee reveal degenerative changes. Two radiographs of the bilateral foot/ankle reveal degenerative changes, flexion and extension dynamic radiographs of the lumbar spine reveal spondylosis, disc space height narrowing L4-S1 > L1-L4 and compression fracture at L1. The medical treatment was not identified in the available notes. Diagnoses are Lumbago, Plantar Fasciitis and Derangement knee. The treatment plan for the July 9, 2014 visit included medication refills, request for MRI of the lumbar spine, request for EMG/NVC and MRI of the

left knee and bilateral ankle/feet and request for a lumbar brace. On July 28, 2014 Dr. [REDACTED] requested Diclofenac sodium ER 100mg #120, Ondansetron 8mg #30, Cyclobenzaprine HCL 7.5mg #120 and Tramadol ER 150mg #90, on August 1, 2014 the Utilization Review non-certified Diclofenac sodium ER 100mg #120 and Ondansetron 8mg #30 and partial certified the Cyclobenzaprine HCL 7.5mg #120 and Tramadol ER 150mg #90 their decision was based on based on the California Medical treatment utilization schedule (MTUS) guidelines and the Official Disability Guidelines (ODG).

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

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

#### **Diclofenac Sodium ER 100mg #120: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Drug Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and ODG guidelines recommend that NSAIDs can be utilized for exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with the high risk of cardiac, renal and gastrointestinal complications. The incidence of NSAIDs related complications is increased in the elderly. The guidelines recommend that the patient utilize the NSAIDs sparingly as needed during exacerbation of pain. The records indicate that the patient is reporting significant pain relief with medication utilization without severe adverse effects. The criteria for the use of Diclofenac Sodium ER 100mg #120 was met and is therefore, medically necessary.

#### **Ondansetron 8mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines did not recommend the routine use of chronic antiemetic medications during chronic musculoskeletal pain treatment. The nausea associated with routine pain medication treatment is self-limiting. Ondansetron is FDA and guidelines recommended for use only during in the acute care setting, acute migraine / perioperative or for chemotherapy induced nausea and vomiting. The criteria for the use of Ondansetron 8mg #30 was not met and is therefore, not medically necessary.

#### **Cyclobenzaprine HCL 7.5mg #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 Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives and opioids. The records indicate that the patient had utilized the cyclobenzaprine longer than the guidelines recommended maximum short term period of 4 weeks. The criteria for the use of Cyclobenzaprine HCL 7.5mg #120 was not met and is therefore, not medically necessary.

**Tramadol ER 150mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain and for maintenance treatment when treatment options with non-opioid medications, PT and surgeries have been completed. The use of Tramadol is associated with less addictive and sedative adverse effects than pure opioid agonists. The records indicate that the patient had completed PT, surgeries and utilization of non-opioid medications. There is documented compliance and functional restoration. There are no documented aberrant behaviors or adverse effects. The criteria for the use of Tramadol ER 150mg #90 was met and is therefore, medically necessary.