

<b>Case Number:</b>	CM14-0138019		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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: Pennsylvania, Ohio, 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:

This 59 year old male sustained an industrial injury on 4-25-12. He subsequently reported neck and low back pain. Diagnoses include cervicgia, plantar fasciitis and lumbago. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the bilateral lower extremities. Upon examination of the lumbar spine, tenderness to palpation over the paravertebral muscles with spasm was noted. Range of motion is guarded and restricted. The examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasms. Cervical range of motion was limited with pain. A request for Omeprazole 20mg #120, Ondansetron 8mg ODT #30, Cyclobenzaprine Hydrochloride Tablets #120 and Tramadol ER 150mg #90 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** 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-TWC: Proton Pump Inhibitors (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.

**Ondansetron 8mg ODT #30:** 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-TWC): Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information for Ondansetron.

**Decision rationale:** FDA labeling information recommends this medication for treatment of immediate post-operative nausea or for nausea from cancer chemotherapy. The records do not document such a diagnosis in this case, nor do the records document an alternative rationale for this request. The request is not medically necessary.

**Cyclobenzaprine Hydrochloride Tablets #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.