

<b>Case Number:</b>	CM14-0157785		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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: 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 49-year-old female who sustained a work related injury to on October 20, 2009. There was no mechanism of injury documented. No surgical procedures/reports were documented. The injured worker was diagnosed with lumbago, carpal tunnel syndrome and internal derangement of the left knee. According to the primary treating physician's progress, report on August 14, 2014 the patient continues to experience constant pain in the left knee, constant lower back pain with radiation into the lower extremities and constant left wrist/hand pain. Examination demonstrated left knee with tenderness and crepitus with painful range of motion. There was no clinical evidence of instability and no swelling. The lumbar spine had palpable paravertebral muscle tenderness with spasm, no clinical evidence of instability, neurovascular and motor strength within normal limits with coordination, gait and balance intact. The left wrist demonstrated tenderness over the volar aspect, positive compression test, positive Tinel's sign and full but painful range of motion. Diminished sensation at the radial digits was noted. Current medications are listed as Tramadol, Cyclobenzaprine, Ondansetron, Omeprazole and topical analgesics. Treatment recommendations were to continue with physical therapy and medication. The treating physician requested authorization for Omeprazole DR Capsules 20mg #120; Ondansetron ODT Tablets 8mg #30; Tramadol ER 150mg #90; Cyclobenzaprine HCL Tablets 7.5mg #120. On Sept 9, 2014 the Utilization Review denied certification for Omeprazole DR Capsules 20mg #120 and Ondansetron ODT Tablets 8mg #30. On Sept 9, 2014 the Utilization Review modified the request for Tramadol ER 150mg #90 to Tramadol ER 150mg #60 and modified the request for Cyclobenzaprine HCL Tablets 7.5mg #120 to Cyclobenzaprine

HCL Tablets 7.5mg #20. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Official Disability Guidelines - Treatment & Workman's Compensation (ODG-TWC) Guidelines and Mosby's Drug Consult.

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

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

**Omeprazole Dr Capsules 20mg#120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 08/14/2014 report, this patient presents with constant 7/10 left knee pain, constant 7/10 low back pain, and constant 7/10 left wrist/hand pain. The current request is for Omeprazole Dr Capsules 20mg#120 and it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 09/02//2014. The patient's work status is return to full duty with no limitation or restriction. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request IS NOT medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 08/14/2014 report, this patient presents with constant 7/10 left knee pain, constant 7/10 low back pain, and constant 7/10 left wrist/hand pain. The current

request is for Ondansetron ODT Tablets 8mg #30 and it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." Review of the provided reports does not indicate the patient had surgery recently or is schedule to have surgery soon. Ondansetron is only recommended for post-op nausea per ODG. The current request IS NOT medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 08/14/2014 report, this patient presents with constant 7/10 left knee pain, constant 7/10 low back pain, and constant 7/10 left wrist/hand pain. The current request is for Tramadol ER 150 MG #90 and it is unknown exactly when the patient initially started taking this medication. The Utilization Review modified the request to Tramadol ER 150mg #60. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the one progress report provided by the treating physician, show pain assessment but no before and after analgesia is provided. No specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

**Cyclobenzaprine HCL Tablets 7.5mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 08/14/2014 report, this patient presents with constant 7/10 left knee pain, constant 7/10 low back pain, and constant 7/10 left wrist/hand pain. The current request is for Cyclobenzaprine HCL Tablets 7.5mg #120. The Utilization Review modified the request to Cyclobenzaprine HCL Tablets 7.5mg #20. For muscle relaxants for pain, the MTUS

Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine HCL #120 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine HCL is not recommended for long-term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.