

<b>Case Number:</b>	CM14-0192707		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52-year-old male with a date of injury of 07/12/2010. The listed diagnosis is cubital tunnel syndrome. Per treating physicians report 09/23/2014, the patient presents with constant pain in the left elbow that is aggravated by lifting, gripping, grasping, pushing, pulling as well as torquing activities. On a pain scale of 1 to 10, the pain is rated as 7. Examination revealed tenderness over the elbow about the lateral epicondyle and posterior. Tinel's sign is positive over the cubital tunnel. Range of motion is limited and painful. The patient is to return to full time duty with no limitations or restrictions. The patient's current medication regimen includes omeprazole 20 mg #120, ondansetron 8 mg #30, and tramadol ER 150 mg #90. Treatment plan is for continuation of medication and prescription for fenoprofen calcium and cyclobenzaprine. The utilization review denied the request on 10/31/2014. Treatment reports from 05/23/2014 through 10/19/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENOPROFEN CALCIUM 400MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Medications for chronic pain;Anti-inflammatory medications Page(s):.

**Decision rationale:** This patient presents with chronic left elbow pain. The current request is for fenoprofen calcium 400 mg #120. This is an initial request for this medication. Utilization review denied the request stating that "nonsteroidal antiinflammatory agent should be reserved for the treatment of acute exacerbation of chronic pain as a second-line after use of acetaminophen." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "antiinflammatories are the traditional first-line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. MTUS recommends antiinflammatories as a first-line of treatment to reduce pain. The requested fenoprofen calcium is medically necessary.

**OMEPRAZOLE 20MG #120:** Overturned

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

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

**Decision rationale:** This patient presents with chronic left elbow pain. The current request is for omeprazole 20 mg #120. The utilization review letter denied the request stating that "NSAID is now non certified. There are no clinical indications for omeprazole." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treater physician notes that the omeprazole is prescribed for "patient's GI upset." It was noted that patient has taken naproxen in the past and the patient has now been authorized for a trial of fenoprofen calcium 400 mg. Patient has been taking NSAID on a long term basis and the treater states that the patient has GI complaints. The requested Omeprazole is medically necessary.

**ONDANSETRON 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 (ODG) Pain chapter, antiemetic

**Decision rationale:** This patient presents with chronic left elbow pain. The current request is for ondansetron 8 mg #30. The treating physician notes that "Ondansetron has been prescribed for the patient's nausea associated with headaches that are present with chronic cervical spine pain." Review of medical file indicates the patient has been prescribed ondansetron since 07/30/2014. The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has

the following regarding antiemetic "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The treater is requesting this medication for patient's nausea associated with headaches. The ODG Guidelines do not support the use of Ondansetron other than nausea following chemotherapy, acute gastroenteritis or for post operative use. The requested Ondansetron is not medically necessary.

**CYCLOBENZAPRINE HCL 7.5 #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.

**Decision rationale:** This patient presents with chronic left elbow pain. The current request is for cyclobenzaprine HCl 7.5 #120. The treating physician notes that cyclobenzaprine is being prescribed for the patient's palpable muscle spasms noted during examination. Prior progress reports do not provide a discussion regarding this medication. It appears to be an initial request. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations 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 with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." In this case, the treater is requesting #120. The MTUS Guidelines support the usage of cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2 to 3 weeks. The requested Cyclobenzaprine is not medically necessary.

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

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

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

**Decision rationale:** This patient presents with chronic left elbow pain. The current request is for tramadol ER 150 mg #90. Treater states that this medication has been prescribed for patient's "acute severe pain." MTUS Guidelines pages 88 and 89 state, "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 4As (analgesia, ADLs, adverse side effects, and adverse 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. Review of the medical file indicates the patient has been prescribed tramadol since 07/30/2014. In this case, recommendation for further use of tramadol ER cannot be supported as the treater does not provide any discussion regarding this medication's efficacy. Progress reports indicate a current pain level but there is no before and after pain scale to denote decrease in pain. Changes in ADL's and functional improvement with taking Tramadol are not provided as well. Urine drug screens and CURES report are not addressed as required by MTUS for opiate management and there are no discussions of possible aberrant behaviors or possible side effects. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Tramadol 50 mg is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.