

<b>Case Number:</b>	CM14-0202997		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Texas. 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 57 year old male who was injured on 5/28/2008. The diagnoses are cervicalgia, post cervical fusion syndrome, neck pain, hip pain, lumbar radiculopathy and low back pain. The patient is being treated for co-existing pulmonary disease. There was past surgical history of cervical fusion in 2009. The patient completed PT, home exercise program and modified duty. On 10/6/2014, [REDACTED] noted subjective complaint of neck pain radiating to the shoulder and upper extremities associated with headache. The pain score was rated at 6-7/10 on a scale of 0 to 10. There are objective findings of lumbar paravertebral tenderness and sensory loss over the L5-S1 dermatomes. There was tenderness of the paraspinal cervical areas. There is no documentation of UDS reports or compliance monitoring reports. A Utilization Review determination was rendered on 11/14/2014 recommending non certification for Fenoprofen 400mg #120, omeprazole 20mg #120, Ondansetron ODT 8mg #30 and cyclobenzaprine 7.5mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen (nalfon) 400mg #120:** Overturned

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

**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 the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can lead to cardiac, renal and gastrointestinal complications. It is recommended that NSAIDs be utilized at the lowest possible dosage for the shortest periods. The records indicate that the patient is utilizing Fenoprofen for the treatment of exacerbations of musculoskeletal pain. There are no reported adverse effects. The criterion for the use of Fenoprofen 400mg #120 is met.

**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 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastrointestinal complications. The records show that the patient is utilizing omeprazole to prevent gastrointestinal complications associated with the use of NSAIDs. The patient is 57 year old with a history of several co-existing medical conditions and medications utilizations that increased the risk of NSAIDs associated gastrointestinal complications. The criterion for the use of Omeprazole 20mg # 120 is met.

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

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

**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 that chronic use of antiemetic medications during the utilization of treatment of chronic pain medications. The nausea associated with chronic pain treatment is self-limiting. The records indicate that the patient is on chronic Ondansetron treatment. The guidelines recommend the use of Ondansetron be limited to the treatment of nausea and vomiting in acute care or peri-operative setting and during chemotherapy treatment. The criterion for the use of Ondansetron 8mg #30 is not met.

**Cyclobenzaprine hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. 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 exacerbations musculoskeletal pain. The long term utilization of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized cyclobenzaprine for a longer period than the guidelines recommended maximum 4 weeks. The criterion for the use of Cyclobenzaprine hydrochloride 7.5mg #120 is not met.