

<b>Case Number:</b>	CM14-0207845		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 54-year-old female who reported an injury on 01/31/2010. The mechanism of injury was due to repetitive work duties. Her diagnoses included joint derangement of the shoulder, cubital tunnel syndrome, and cervicalgia status post surgery. Past treatments included medications, use of brace, and surgery. Her surgical history was noted to include an open lateral epicondylar release on 04/24/2009 and an interior cervical microdiscectomy on 08/22/2014. On 11/18/2014, the injured worker complained of constant pain of the cervical spine with associated headaches that are migrainous in nature, rated at a 6/10, and pain of the bilateral shoulders and elbows rated at a 7/10. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm, Spurling's maneuver positive, and range of motion limited with pain. Physical examination of the elbow revealed tenderness over the elbow about the olecranon groove, positive Tinel's over the cubital tunnel, full range of motion with pain, swelling, diminished sensation in the ulnar digits. Physical examination of the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space. Positive Hawkins and impingement signs, rotator cuff function appears intact but painful. Her medications were not provided. The treatment plan included a refill of medications, request for authorization for EMG/NCV studies. A request was received for cyclobenzaprine 7.5 mg quantity 120, omeprazole 20 mg quantity 120, ondansetron 8 mg quantity 30, eszopiclone 1 mg quantity 30, and physical therapy sessions for cervical spine quantity 36. The rationale for the request was not provided. The Request for Authorization form was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 7.5mg, qty 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The request for Cyclobenzaprine 7.5mg, quantity 120.00 is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine recommended for used as a short course of therapy. The clinical information indicates that the injured worker has been on cyclobenzaprine since at least 05/2013. However, has the request is not supported for long term use, the request is not supported. In addition, the request as submitted does not specify frequency of use. Therefore, the request is not medically necessary.

### **Omeprazole 20mg qty 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), PPI (proton pump i.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Omeprazole 20mg qty: 120.00 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors in patients with risk for gastrointestinal events. The clinical notes indicate the injured worker has been taking omeprazole since 2008. However, there is no documentation to indicate gastrointestinal events in the most recent examination note. There was also no documentation with evidence of functional improvement with the use of the medication. Given the absence of the information and the request as submitted does not specify a frequency of use, the request is not supported. Therefore, the request is not medically necessary.

### **Ondansetron 8 mg qty 30.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) 11th Edition 2013, Pain Chapter Antimtic (for Opioids nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics

**Decision rationale:** The request for Ondansetron 8 mg qty 30.00 is not medically necessary. The Official Disability Guidelines recommend ondansetron for nausea and vomiting secondary to chemotherapy and radiation treatment. However, it is not recommended for nausea and vomiting secondary to chronic opioid use. The clinical notes indicate the injured worker has been taking the medication for an unspecified amount of time. However, there is not documentation with evidence of functional improvement with the use of the medication. As there is no documentation the injured worker is going through chemotherapy and/or radiation treatment, the request is not supported. In addition, the request as submitted does not specify frequency of use. Therefore, the request is not medically necessary.

**Eszopiclone 1mg qty 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 11th Edition 2013, Pain Chapter Insomnia treatment Eszopiclone (Lunesta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Eszopiclone (Lunesta)

**Decision rationale:** The request for Eszopiclone 1mg qty 30.00 is not medically necessary. The Official Disability Guidelines recommend limiting use of hypnotics to 3 weeks maximum in the first month of injury only and discourage use in chronic phase. The clinical notes indicate the patient has been taking Lunesta for an unspecified amount of time. However, there was no documentation with evidence of functional improvement with the use of the medications. As the guidelines do not recommend long term, the request is not supported. In addition, the request as submitted does not specify frequency of use. Therefore, the request is not medically necessary.

**Physical Therapy sessions for Cervical Spine qty 36.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for Physical Therapy sessions for Cervical Spine qty 36.00 is not medically necessary. The California MTUS Guidelines recommend up to 10 visits of physical therapy for myalgia and myositis. The clinical information indicates that the patient has participated with previous physical therapy. However, there is not documentation with evidence of how many sessions have been completed to date. There was also not documentation with quantified evidence of functional improvement with previous therapy. Given the absence of the information indicated, the request is not supported. In addition, the request as submitted exceeds the maximum recommended visits by the guidelines. Therefore, the request is not medically necessary.