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| <b>Case Number:</b>   | CM14-0214374 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 06/23/2011 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/22/2014 |

### 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, Arizona

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 63-year-old female who reported an injury on 06/23/2011. The mechanism of injury was not provided. The current diagnoses are lumbago and status post posterior lumbar interbody fusion. The injured worker presented on 10/16/2014 with complaints of 4/10 constant low back pain with radiation into the bilateral lower extremities. The injured worker also reported constant pain in the cervical spine with dysphagia and hoarseness. Upon examination, there was a well healed incision in the lumbar spine without signs of infection or wound dehiscence. There was mild cellulitis and erythema around the surgical and staple site with intact sensation in the bilateral lower extremities. Examination of the cervical spine revealed paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, and normal motor strength and sensation. Recommendations included continuation of the current medication regimen. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium (Nalfon) 400 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. It is unclear how long the injured worker has utilized fenoprofen calcium. The guidelines do not recommend long term use of NSAIDs. There is also no documentation of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

**Omeprazole 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. As such, the injured worker does not currently meet criteria for the requested medication. Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

**Ondasentron 8 mg #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) Chronic Pain Chapter, Ondansetron, Antiemetic

**Decision rationale:** The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically appropriate.

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

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

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon examination. The guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It is unclear how long the injured worker has utilized Tramadol. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Sumatriptan Succinate 25 mg #9 x 2:** 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)

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

**Decision rationale:** The Official Disability Guidelines recommend triptans for migraine sufferers. The injured worker did not report migraine headaches. The injured worker does not maintain a diagnosis of migraine. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.