

<b>Case Number:</b>	CM15-0006158		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 58 year old male, who sustained an industrial injury on 04/07/2010. He reported that while standing and turning his body to the left, he experienced spasm and strain to the bilateral shoulders, cervical spine, thoracic spine, lumbar spine, and radiating pain to the bilateral lower extremities. The injured worker was diagnosed with cervalgia and status post anterior cervical discectomy and fusion. Treatment to date has included above listed surgical procedure and oral medication regimen. Currently, the injured worker complains of constant pain to the cervical spine that radiates to the upper extremities along with associated symptoms of headaches and tension between the shoulder blades and rates the pain a six on a scale of one to ten. The treating physician requested Fenoprofen calcium (Nalfon) for inflammatory pain, Omeprazole for upset stomach, Ondansetron for nausea, Cyclobenzaprine hydrochloride for pain and spasm, and Tramadol ER for severe pain. On 12/15/2014 Utilization Review non-certified Fenoprofen calcium (Nalfon) 400mg three times a day with a quantity of 120, Omeprazole 20mg every twelve hours as needed with a quantity of 120, Ondansetron 8mg oral disintegrating tablet as needed with a quantity of 30, Cyclobenzaprine hydrochloride 7.5mg every eight hour as needed with a quantity of 120, and modified a prescription of Tramadol ER 150mg as needed with a quantity of 90 to Tramadol ER 150mg times one month, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: NSAIDs (nonsteroidal anti-inflammatory drugs, Muscle relaxants (for pain), Opioids, criteria for use, Opioids, specific drug list, and <http://www.drugs.com/pro/ondansetrom.html>.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** This 58 year old male patient has complained of neck, shoulder and low back pain since date of injury 4/7/10. He has been treated with cervical spine surgery, physical therapy and medications to include NSAIDS since at least 05/2014. The current request is for Fenoprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 7 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Fenoprofen is not indicated as medically necessary in this patient.

### **Omeprazole 20mg Q12H PRN #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 58 year old male patient has complained of neck, shoulder and low back pain since date of injury 4/7/10. He has been treated with cervical spine surgery, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ondansetron.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/zofran](http://www.drugs.com/zofran)

**Decision rationale:** This 58 year old male patient has complained of neck, shoulder and low back pain since date of injury 4/7/10. He has been treated with cervical spine surgery, physical therapy and medications. The current request is for Ondansetron. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.

**Cyclobenzaprine hydrochloride 7.5mg Q8H PRN #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 58 year old male patient has complained of neck, shoulder and low back pain since date of injury 4/7/10. He has been treated with cervical spine surgery, physical therapy and medications to include Cyclobenzaprine since at least 05/2014. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 58 year old male patient has complained of neck, shoulder and low back pain since date of injury 4/7/10. He has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 05/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.