

Case Number:	CM15-0108505		
Date Assigned:	06/15/2015	Date of Injury:	05/10/2013
Decision Date:	09/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

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 42-year-old female, who sustained an industrial injury on May 10, 2013. Treatment to date has included work modifications, medications, physical therapy and right shoulder injections. Currently, the injured worker complains of pain in the cervical spine, low back, right shoulder, bilateral elbows, bilateral wrists and hands and bilateral knees. She rates the pain in her cervical spine, lumbar spine, right shoulder, bilateral elbow pain, and bilateral wrists and hands a 7 on a 10-point scale. She rates her bilateral knee pain a 4 on a 10-point scale. Her cervical spine pain radiates into her bilateral upper extremities and her lumbar spine pain radiates into her bilateral lower extremities. She reports tenderness to palpation of the cervical spine, right shoulder, elbows, wrists, hands, lumbar spine and knees. Assessment of her cervical spine revealed a limited range of motion, which elicited pain, and she exhibited a positive Tinel's sign. She had positive Hawkins and impingement signs upon evaluation of her right shoulder. Her lumbar spine had limited range of motion and a nerve root test was positive. The diagnoses associated with the request include cervical and lumbar discopathy, rule out carpal tunnel syndrome, cervicgia, lateral and medial epicondylitis, cubital tunnel syndrome, right shoulder impingement, and rule out internal derangement of the knees. The treatment plan includes modified work duties, Nalfon, Ondansetron ODT, Cyclobenzaprine, Sumatriptan, Lansoprazole, and tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT (orally disintegrating tablet) 8mg (as needed), #30: 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), Pain Chapter, Antiemetics (for opioid 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 (Chronic) chapter under Ondansetron (Zofran®).

Decision rationale: The 42-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities, migraine headaches, lower back pain radiating to the lower extremities, right shoulder pain, bilateral wrist pain, bilateral elbow pain, and bilateral knee pain, rated at 4-7/10, as per progress report dated 03/24/15. The request is for Ondansetron ODT (orally disintegrating tablet) 8mg (as needed), # 30. The RFA for this case is dated 05/07/15, and the patient's date of injury is 05/10/13. Diagnoses, as per progress report dated 03/24/15, included cervical / lumbar discopathy, r/o carpal tunnel syndrome, cervicalgia, lateral and medial epicondylitis, cubital tunnel syndrome, right shoulder impingement, and r/o internal derangement of the knees. Medications, as per RFA letter dated 04/20/15, included Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, Sumatriptan and Tramadol. The patient has been allowed to work with restrictions, as per progress report dated 03/24/15. MedlinePlus, a service of the US National Library of Medicine, at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html> states that Transponder (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. ODG Guidelines, Pain (Chronic) chapter under Ondansetron (Zofran) states the following: Not recommended for nausea and vomiting secondary to chronic opioid use. In this case, Ondansetron is first noted in prescription dated 12/08/14. In the 04/20/15 prescription, the treater states that the medication is being prescribed "for nausea associated with headaches that are present with chronic cervical spine pain." The treater also states that this medication has "proven to be effective" in managing the patient's condition. ODG guidelines only discuss the use of Ondansetron in relation to chronic opioid use. MedlinePlus, however, states that Ondansetron is used for nausea and vomiting secondary to chemotherapy and radiation treatment. Given the lack of such treatment, the request is not medically necessary.

Cyclobenzaprine hydrochloride 7.5mg (every 8 hours as needed), #120: Upheld

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

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

Decision rationale: The 42-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities, migraine headaches, lower back pain radiating to the lower extremities, right shoulder pain, bilateral wrist pain, bilateral elbow pain, and bilateral knee pain, rated at 4-7/10, as per progress report dated 03/24/15. The request is for Cyclobenzaprine Hydrochloride 7.5mg (every 8 hours as needed), #120. The RFA for this case is dated 05/07/15, and the patient's date of injury is 05/10/13. Diagnoses, as per progress report dated 03/24/15, included cervical / lumbar discopathy, r/o carpal tunnel syndrome, cervicalgia, lateral and medial epicondylitis, cubital tunnel syndrome, right shoulder impingement, and r/o internal derangement of the knees. Medications, as per RFA letter dated 04/20/15, included Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, Sumatriptan and Tramadol. The patient has been allowed to work with restrictions, as per progress report dated 03/24/15. MTUS pg 63-66 states: "Muscle relaxants section: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soproval 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine for "muscle spasms" is first noted in prescription dated 12/08/14. In the 04/20/15 prescription, the treater states that the medication is for "short-term use" only. It is not clear when this medication was initiated and if the patient has been taking it consistently or not. The treater does not discuss efficacy in terms of reduction in pain and improvement in function, as required by MTUS for all pain medications. Additionally, MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). Therefore, the request of # 120 is not medically necessary.

Sumatriptan succinate 25mg, #9 with 2 refills: 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), Pain Chapter, Triptans.

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 under Triptan.

Decision rationale: The 42-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities, migraine headaches, lower back pain radiating to the lower extremities, right shoulder pain, bilateral wrist pain, bilateral elbow pain, and bilateral knee pain, rated at 4-7/10, as per progress report dated 03/24/15. The request is for Sumatriptan Succinate 25mg, #9 WITH 2 refills. The RFA for this case is dated 05/07/15, and the patient's date of injury is 05/10/13. Diagnoses, as per progress report dated 03/24/15, included cervical / lumbar discopathy, r/o carpal tunnel syndrome, cervicalgia, lateral and medial epicondylitis, cubital tunnel syndrome, right shoulder impingement, and r/o internal derangement of the knees.

Medications, as per RFA letter dated 04/20/15, included Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, Sumatriptan and Tramadol. The patient has been allowed to work with restrictions, as per progress report dated 03/24/15. ODG Guidelines have the following regarding triptans for headaches: ODG Guidelines, Head Chapter under Triptan: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. In this case, Sumatriptan is first noted in prescription dated 12/08/14. In the 04/20/15 prescription, the treater states that the medication is being prescribed "for migrainous headaches that is associated with the chronic cervical spine pain." The treater also states that the patient's headaches are "present at all times of increased pain in the cervical spine and are associated with nausea which is a clear presentation of migrainous symptoms." The medication is "an attempt to allow for higher level of functioning during the day to maintain usual work and non work activities." However, the patient does not appear to present with a clear diagnosis of migraines but rather cervicogenic or tension type of headaches. Sumatriptan would not be indicated for non-migraine headaches. The treater also does not document the efficacy of Sumatriptan, as required for all pain medications. Hence, the request is not medically necessary.

Lansoprazole (Prevacid) 30mg (every 12 hours as needed), #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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The 42-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities, migraine headaches, lower back pain radiating to the lower extremities, right shoulder pain, bilateral wrist pain, bilateral elbow pain, and bilateral knee pain, rated at 4-7/10, as per progress report dated 03/24/15. The request is for Lansoprazole (Prevacid) 30mg (every 12 hours as needed), #120. The RFA for this case is dated 05/07/15, and the patient's date of injury is 05/10/13. Diagnoses, as per progress report dated 03/24/15, included cervical / lumbar discopathy, r/o carpal tunnel syndrome, cervicgia, lateral and medial epicondylitis, cubital tunnel syndrome, right shoulder impingement, and r/o internal derangement of the knees. Medications, as per RFA letter dated 04/20/15, included Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, Sumatriptan and Tramadol. The patient has been allowed to work with restrictions, as per progress report dated 03/24/15. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Prevacid is only noted in prescription dated 04/20/15. Prior reports document the use Omeprazole. In the 04/20/15 prescription, the treater states that the medication is being prescribed in conjunction with Nalfon "to protect the stomach and prevent GI complications." Prophylactic use of PPI is indicated by MTUS. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not

show evidence of gastric problems, and the patient is under 65 years of age. This request does not meet the criteria enlisted by the guidelines. Therefore, the request is not medically necessary.

Tramadol ER (extended release) 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids, Tramadol Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 42-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities, migraine headaches, lower back pain radiating to the lower extremities, right shoulder pain, bilateral wrist pain, bilateral elbow pain, and bilateral knee pain, rated at 4-7/10, as per progress report dated 03/24/15. The request is for Tramadol ER (extended release) 150mg, #90. The RFA for this case is dated 05/07/15, and the patient's date of injury is 05/10/13. Diagnoses, as per progress report dated 03/24/15, included cervical / lumbar discopathy, r/o carpal tunnel syndrome, cervicgia, lateral and medial epicondylitis, cubital tunnel syndrome, right shoulder impingement, and r/o internal derangement of the knees. Medications, as per RFA letter dated 04/20/15, included Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, Sumatriptan and Tramadol. The patient has been allowed to work with restrictions, as per progress report dated 03/24/15. MTUS Guidelines pages 88 and 89 states, "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 4A's (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, Tramadol is first noted in prescription dated 12/08/14. In the 04/20/15 prescription, the treater states that the opioid has been prescribed for "acute severe pain." The report also states that Tramadol "in the past has decreased similar acute flare-ups with the patient demonstrating improvement in function." However, there are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. MTUS p80,81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to

cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.