

<b>Case Number:</b>	CM15-0109032		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 62-year-old female injured worker suffered an industrial injury on 09/03/2008. The diagnoses included left carpal tunnel release, right knee meniscal tear with degenerative joint disease, cervical herniated disc, cervical spondylosis with radiculopathy, lumbar discopathy with radiculopathy, left knee internal derangement and right knee chondromalacia with meniscal tear. The injured worker had been treated with medications and H-wave therapy. On 4/7/2015, the treating provider reported constant cervical pain with radiation to the upper extremities and associated headaches that are migrainous in nature as well as tension between the shoulder blades rated 8/10. There was frequent pain in the low back with radiations to the lower extremities rated as 6/10. There was constant pain in both knees right greater than left with some swelling and bucking rated 8/10. There was intermittent pain in the right shoulder rated 4/10. There was pain in both wrists rated as 5/10. On exam, the cervical spine had tenderness of the muscles with spasms and limited range of motion. The right shoulder exam revealed pain with motion with residual weakness. There was tenderness of the right wrist with diminished sensations over the fingers. The lumbar spine was tender with restricted range of motion. The treatment plan included Nabumetone, Lansoprazole, Ondansetron, Cyclobenzaprine Hydrochloride, Tramadol ER and Home H-wave device purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone (Relafen) 750mg Qty: 120, 1 pill TID: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

**Decision rationale:** The patient presents with pain in the cervical spine radiating into the upper extremities, pain in the low back radiating into the lower extremities, pain in the bilateral knees, pain the right shoulder, and pain in the bilateral wrists. The request is for Nabumetone (Relafen) 750mg Qty: 120, 1 Pill Tid. The request for authorization is dated 06/01/15. Physical examination reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. There is tenderness over the volar aspect of the right wrist. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/07/15, the patient can continue working modified duty. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Per progress report dated 05/07/15, treater's reason for the request is "for inflammation and pain." Prescription history is not provided. In this case, there is no discussion of the efficacy of the medication. However, MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when using it for chronic pain. Therefore, this request is not medically necessary.

**Lansoprazole (Prevacid) delayed release capsules, 30mg Qty: 120, 1 PO 12H PRN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines "NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain in the cervical spine radiating into the upper extremities, pain in the low back radiating into the lower extremities, pain in the bilateral knees, pain the right shoulder, and pain in the bilateral wrists. The request is for lansoprazole (Prevacid) delayed release capsules, 30mg qty: 120, 1 Po 12h prn. The request for authorization is dated 06/01/15. Physical examination reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. There is tenderness over the volar aspect of the right wrist. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/07/15, the patient can continue working modified duty. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or

perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 05/07/15, treater's reason for the request is "to protect the stomach and prevent and GI complications." Prescription history is not provided to determine how long the patient has been prescribed Lansoprazole. In this case, the patient is prescribed Nabumetone, an NSAID. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required my guidelines, the request is not medically necessary.

**Ondansetron 8mg ODT, Qty: 30, 1 PRN: 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 - Ondansetron (Zofran).

**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 Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with pain in the cervical spine radiating into the upper extremities, pain in the low back radiating into the lower extremities, pain in the bilateral knees, pain the the right shoulder, and pain in the bilateral wrists. The request is for ondansetron 8mg odt, qty: 30, 1 prn. The request for authorization is dated 06/01/15. Physical examination reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. There is tenderness over the volar aspect of the right wrist. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/07/15, the patient can continue working modified duty. ODG Guidelines, Pain (Chronic) chapter, under Antiemetics (for opioid nausea): "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. "Per progress report dated 05/07/15, treater's reason for the request is "for nausea associated with the headaches that are present with chronic cervical spine pain." Prescription history is not provided to determine how long the patient has been prescribed Ondansetron. In this case, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the request is not medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg Qty: 120, 1 PO Q8H/PRN: 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.

**Decision rationale:** The patient presents with pain in the cervical spine radiating into the upper extremities, pain in the low back radiating into the lower extremities, pain in the bilateral knees, pain in the right shoulder, and pain in the bilateral wrists. The request is for cyclobenzaprine hydrochloride tablets 7.5mg qty: 120, 1 Po q8h/prn. The request for authorization is dated 06/01/15. Physical examination reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. There is tenderness over the volar aspect of the right wrist. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/07/15, the patient can continue working modified duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): 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, page 63-66: "Carisoprodol (Soma, Soprodal 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. Per progress report dated 05/07/15, treater's reason for the request is "for the palpable muscle spasms noted during examination today." Prescription history is not provided to determine how long the patient has been prescribed Cyclobenzaprine. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, the request for Cyclobenzaprine #120 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

**Tramadol ER 150mg #90, once a day as needed for severe pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

**Decision rationale:** The patient presents with pain in the cervical spine radiating into the upper extremities, pain in the low back radiating into the lower extremities, pain in the bilateral knees, pain in the right shoulder, and pain in the bilateral wrists. The request is for tramadol ER 150mg #90, once a day as needed for severe pain. The request for authorization is dated 06/01/15. Physical examination reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. There is tenderness over the volar aspect of the right wrist. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/07/15, the patient can continue working modified duty. 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 4As (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. Per progress report dated 05/07/15, treater's reason for the request is "for acute pain." Prescription history is not provided to determine how long the patient has been prescribed Tramadol. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding side effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

**Home H-wave device purchase/indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** The patient presents with pain in the cervical spine radiating into the upper extremities, pain in the low back radiating into the lower extremities, pain in the bilateral knees, pain the right shoulder, and pain in the bilateral wrists. The request is for home h-wave device purchase/indefinite use. The request for authorization is dated 04/07/15. Physical examination reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. There is tenderness over the volar aspect of the right wrist. There is a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. Per progress report dated 04/07/15, the patient can continue working modified duty. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care"; "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)". MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per supplemental report dated 04/02/15, the injured worker has functionally benefited from her continued H-Wave usage. The injured worker's prior treatments include physical therapy, medications, and a TENS unit. The H-Wave has allowed the injured worker to participate in a FT directed rehabilitation exercise program and she has experienced significant functional improvements, increased mobility and increased range of motion from the combined treatments. However, this information was vendor provided information via template fill in the blank. Given the lack of discussion or documentation from

the treater, the request does not meet guidelines indication for an H-Wave. Therefore, the request is not medically necessary.