

Case Number:	CM15-0130007		
Date Assigned:	07/22/2015	Date of Injury:	08/26/2008
Decision Date:	10/08/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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 54 year old female, who sustained an industrial injury on 8-26-08. The diagnoses have included cervicgia and internal derangement of the knee. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 5-21-15, the injured worker complains of cervical pain with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades. The pain is unchanged rated 8 out of 10 on pain scale. There is also pain in the bilateral knees left greater than the right and described as burning pain and unchanged. The pain is rated 8 out of 10 on pain scale. The objective findings-physical exam reveals cervical tenderness with spasm, positive axial loading compression test, positive Spurling maneuver, range of motion is limited due to pain, and there is numbness and tingling in the arms and hands. The knee exam reveals tenderness in the joint line, positive patellar grind test, and positive McMurray test. There is crepitus with painful range of motion. The physician notes that a left knee injection was given using sterile technique with immediate relief of pain and tolerated well. There is no previous urine drug screen reports noted. The physician requested treatments included Nabumetone (Relafen) 750mg #120, Lansoprazole (Prevacid) 30mg #120, Ondansetron 8mg #30, Cyclobenzaprine 7.5mg #120 and Tramadol 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

Decision rationale: Based on the 05/21/15 progress report provided by treating physician, the patient presents with cervical pain with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades, and bilateral knee pain rated 8/10. The request is for NABUMETONE (RELAFEN) 750MG #120. Patient's diagnosis per RFA dated 06/25/15 includes arthrodesis status, lumbosacral neuritis, lumbar disc disorder, and internal derangement of knee. Physical examination to the cervical spine revealed tenderness with spasm, and limited range of motion due to pain. Positive axial loading compression, and Spurling maneuver. Examination of the knee revealed tenderness in the joint line, and crepitus with painful range of motion. Positive patellar grind test, and McMurray. Treatment to date has included activity modifications, imaging studies, physical therapy, and medications. Patient's medications include Nalfon, Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is permanently partially disabled, per 05/21/15 report. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 states: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)" MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Nabumetone (Relafen) is included in patient's medications in RFA dated 05/21/15. It appears this medication is being initiated. There is no evidence provided medical records that this patient has been previously prescribed Relafen. Given the conservative nature of this medication and the lack of utilization to date, the use of this medication appears reasonable. Therefore, the request IS medically necessary.

Lansoprazole (Prevacid) 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 05/21/15 progress report provided by treating physician, the patient presents with cervical pain with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades, and bilateral knee pain rated 8/10. The request is for LANSOPRAZOLE (PREVACID) 30MG #120. Patient's diagnosis per RFA's dated 05/04/15 and 06/25/15 includes arthrodesis status, lumbosacral neuritis, lumbar disc disorder, and internal derangement of knee. Physical examination to the cervical spine revealed tenderness with spasm, and limited range of motion due to pain. Positive axial loading compression, and Spurling maneuver. Examination of the knee revealed tenderness in the joint line, and crepitus with painful range of motion. Positive patellar grind test, and McMurray. Treatment to date has included activity modifications, imaging studies, physical therapy, and medications. Patient's medications include Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is permanently partially disabled, per 05/21/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states thatomeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65.2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Lansoprazole (Prevacid) has been requested in RFA's dated 05/04/15 and 06/25/15. It is not known when this medication was initiated. Per 05/21/15 report, treater states the medications "are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for [the patient] to continue working and/or maintain the activities of daily living." However, treater has not provided reason for the request. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document any recent dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given lack of documentation, this request IS NOT medically necessary.

Ondansetron 8mg #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 procedure Summary Online Version last updated 06/15/15 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: Based on the 05/21/15 progress report provided by treating physician, the patient presents with cervical pain with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades, and bilateral knee pain rated 8/10. The request is for ONDANSETRON 8MG #30. Patient's diagnosis per RFA's dated 05/04/15 and

06/25/15 includes arthrodesis status, lumbosacral neuritis, lumbar disc disorder, and internal derangement of knee. Physical examination to the cervical spine revealed tenderness with spasm, and limited range of motion due to pain. Positive axial loading compression, and Spurling maneuver. Examination of the knee revealed tenderness in the joint line, and crepitus with painful range of motion. Positive patellar grind test, and McMurray. Treatment to date has included activity modifications, imaging studies, physical therapy, and medications. Patient's medications include Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is permanently partially disabled, per 05/21/15 report. ODG Guidelines, Pain (Chronic) Chapter under Antiemetics (for opioid nausea) states: "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." Ondansetron has been requested in RFA's dated 05/04/15 and 06/25/15. It is not known when this medication was initiated. 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. This patient is prescribed Tramadol. However, Ondansetron is "Not recommended for nausea and vomiting secondary to chronic opioid use," according to ODG. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: Based on the 05/21/15 progress report provided by treating physician, the patient presents with cervical pain with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades, and bilateral knee pain rated 8/10. The request is for CYCLOBENZAPRINE 7.5MG #120. Patient's diagnosis per RFA's dated 05/04/15 and 06/25/15 includes arthrodesis status, lumbosacral neuritis, lumbar disc disorder, and internal derangement of knee. Physical examination to the cervical spine revealed tenderness with spasm, and limited range of motion due to pain. Positive axial loading compression, and Spurling maneuver. Examination of the knee revealed tenderness in the joint line, and crepitus with painful range of motion. Positive patellar grind test, and McMurray. Treatment to date has included activity modifications, imaging studies, physical therapy, and medications. Patient's medications include Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is permanently partially disabled, per 05/21/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as

an option, using a short course of therapy."Cyclobenzaprine has been requested in RFA's dated 05/04/15 and 06/25/15. It is not known when this medication was initiated. MTUS limits this medication to a 2-3 week duration. The patient has been prescribed Orphenadrine at least since 05/04/15, which is almost 2 months from UR date of 07/01/15. The request for additional quantity 120 exceeds guideline recommendation, and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Tramadol 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 05/21/15 progress report provided by treating physician, the patient presents with cervical pain with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades, and bilateral knee pain rated 8/10. The request is for TRAMADOL 150MG #90. Patient's diagnosis per RFA's dated 05/04/15 and 06/25/15 includes arthrodesis status, lumbosacral neuritis, lumbar disc disorder, and internal derangement of knee. Physical examination to the cervical spine revealed tenderness with spasm, and limited range of motion due to pain. Positive axial loading compression, and Spurling maneuver. Examination of the knee revealed tenderness in the joint line, and crepitus with painful range of motion. Positive patellar grind test, and McMurray. Treatment to date has included activity modifications, imaging studies, physical therapy, and medications. Patient's medications include Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is permanently partially disabled, per 05/21/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS , page 113 regarding 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. Tramadol has been requested in RFA's dated 05/04/15 and 06/25/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work

activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.