

<b>Case Number:</b>	CM15-0132148		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 55 year old male, who sustained an industrial injury on September 15, 2013. He reported having a heart attack and underwent heart surgery and stent placement. The injured worker was diagnosed as having cervical discopathy, cervicgia, carpal tunnel/double crush syndrome, bilateral shoulder impingement rule out rotator cuff pathology, rule out left knee derangement, and bilateral plantar fasciitis. Treatments and evaluations to date have included bracing, physical therapy, electrodiagnostic studies, x-rays, MRIs, EKG, bilateral carotid vascular ultrasound, pulmonary function testing, and medication. Currently, the injured worker complains of pain in the left wrist and wishes to proceed with surgical intervention. The Primary Treating Physician's report dated June 1, 2015, noted the injured worker was scheduled to undergo a left carpal tunnel release on June 26, 2015. The injured worker reported constant pain in the bilateral wrists and hands, rated a 7 on a scale of 1 to 10, constant pain in the cervical spine with radiation into the upper extremities rated an 8 on a scale of 1 to 10, frequent pain in the bilateral shoulders rated a 7 on a scale of 1 to 10, constant low back pain with radiation to the right side rated n 8 on a scale of 1 to 10, frequent pain in the bilateral knees rated a 5 on a scale of 1 to 10, and frequent pain in the bilateral feet rated a 7 on a scale of 1 to 10. The cervical spine examination was noted to show palpable paravertebral tenderness with spasm, a positive axial loading compression test, limited range of motion (ROM), reproducible symptomatology in the upper extremities consistent with double crush, and diminished sensation in the radial digits consistent with a median nerve entrapment. The shoulders were noted to have tenderness around the anterior glenohumeral region and subacromial space with Hawkins and impingement tests

positive. The left knee was noted to have tenderness in the joint line with a positive patellar grind test and crepitus with painful range of motion (ROM). The lumbar spine was noted to have tenderness to palpation of the paravertebral muscle with spasm and seated nerve root test positive. Tenderness was noted over the volar aspect of the wrist, with positive palmar compression test with subsequent Phalen's maneuver and positive Tinel's sign over the carpal canal, with diminished sensation in the radial digits. The treatment plan was noted to include the scheduled surgery and preoperative medications. The injured worker was noted to be temporarily totally disabled, and had not worked since his heart attack. A request for authorization was noted to be made for Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol ER.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prevacid 30mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that a non-pharmacological choice should be the first option in patients with cardiac risk factors, with acetaminophen or aspirin used for short-term needs, and that a proton pump inhibitor (PPI) may be required for patients with gastrointestinal (GI) risk factors. The most recent physician's reports did not include the injured worker's current medications. The most recent documentation of the injured worker's medications was included in the March 4, 2015, initial neuropsychological evaluation, and listed Ramipril, Atorvastatin, Clopidogrel, Ranitidine, Metoprolol, Gabapentin, and Enteric Coated Aspirin. Based on the use of the Aspirin and anti-platelet medication, and the injured worker's cardiac history, the injured worker is at high risk for a gastrointestinal (GI) event with cardiovascular disease, and use of a PPI such as Prevacid would be appropriate. However, without more recent documentation of the injured worker's medications, it is unclear if the injured worker continues on the medications, or what changes have been made. The most recent physician's reports did not indicate the injured worker's current medications or indications for prescribing the Prevacid. The Prevacid request was also noted to be written for use as needed, without indication of what symptoms the Prevacid was being prescribed for. Without this current documentation and based on the guidelines, the request for Prevacid 30mg #120 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 Chapter.

**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, Antiemetics (for opioid nausea).

**Decision rationale:** The MTUS is silent on the use of Ondansetron. The Official Disability Guidelines (ODG) notes anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and also for postoperative use and acute use for gastroenteritis. The most recent physician's reports did not include the injured worker's current medications. The most recent documentation of the injured worker's medications was included in the March 4, 2015, initial neuropsychological evaluation, and listed Ramipril, Atorvastatin, Clopidogrel, Ranitidine, Metoprolol, Gabapentin, and Enteric Coated Aspirin. The injured worker was noted to be scheduled for surgery on June 26, 2015, however there was no indication in the documentation that the medication was for use with the surgery, or of the rationale for prescribing the Ondansetron. The request for the Ondansetron did not include the frequency or directions for use. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Ondansetron 8mg #30. The request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, with limited, mixed-evidence not allowing for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The most recent physician's reports did not include the injured worker's current medications. The most recent documentation of the injured worker's medications was included in the March 4, 2015, initial neuropsychological evaluation, and listed Ramipril, Atorvastatin, Clopidogrel, Ranitidine, Metoprolol, Gabapentin, and Enteric Coated Aspirin. The documentation provided did not include any indication that the injured worker was currently on the Cyclobenzaprine, the date of initiation of its use, indications as to why it was prescribed, or evaluation of improvement in pain or function with its use. In addition, the request does not include dosing or frequency. Without this current documentation and based on the guidelines, the request for Cyclobenzaprine HCL 7.5mg #120, is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The most recent physician's reports did not include the injured worker's current medications. The most recent documentation of the injured worker's medications was included in the March 4, 2015, initial neuropsychological evaluation, and listed Ramipril, Atorvastatin, Clopidogrel, Ranitidine, Metoprolol, Gabapentin, and Enteric Coated Aspirin. The documentation provided did not include any indication that the injured worker was currently on the Tramadol, the date of initiation of its use, indications as to why it was prescribed, or evaluation of improvement in pain or function with its use. Additionally, the documentation does not include and drug screen results, frequency or dosing instructions. Without this current documentation and based on the guidelines, the request for Tramadol ER 150mg #90 is not medically necessary.