

<b>Case Number:</b>	CM15-0132158		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	09/15/2015	<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 02/07/2013. The injured worker is currently working full duty. The injured worker is currently diagnosed as having cervicalgia and shoulder joint derangement status post surgery. Treatment and diagnostics to date has included shoulder surgery, right shoulder MRI which showed evidence of acromioclavicular joint decompression procedure with acromioplasty, mild supraspinatus and infraspinatus tendinitis, and superior labral degeneration versus degenerative tear, and use of medications. In a progress note dated 06/01/2015, the injured worker presented with complaints of constant pain in the cervical spine with associated headaches that are migrainous in nature as well as tension between the shoulder blades. Reported pain level was 7/10 on a scale of 1 to 10. The injured worker also complaints of intermittent pain in both shoulders with a pain level of 3/10. Objective findings include cervical spine paravertebral muscle tenderness with spasm and limited range of motion with pain and shoulder tenderness. The treating physician reported requesting authorization for Relafen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol ER, and Sumatriptan Succinate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone (Relafen) 750mg #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 (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Nabumetone (Relafen) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain - chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." There is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. In addition, the guidelines support NSAIDs as an option for short-term symptomatic relief and the injured worker has been prescribed a different NSAID (Nalfon) since at least 11/05/2014. There is also no documentation that the injured worker has been prescribed Relafen or any indication of needing to switch to a different NSAID. Therefore, based on the Guidelines and the submitted records, the request for Nabumetone (Relafen) is not medically necessary.

**Lansoprazole (Prevacid) 20mg #120:** 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 (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prevacid (Lansoprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. The injured worker is less than 65 years of age and even though there is NSAID usage (Nalfon), there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prevacid (Lansoprazole) is not medically necessary.

**Ondansetron 8mg ODT #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, 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) Pain chapter, Antiemetics (for opioid use).

**Decision rationale:** Regarding the request for Zofran (Ondansetron), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) do not recommend antiemetics for "nausea and vomiting secondary to chronic opioid use" and Ondansetron (Zofran) "is a serotonin 5-HT<sub>3</sub> 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 if FDA-approved for gastroenteritis". The medical records indicate that the injured worker was being treated for nausea associated with headaches related to chronic cervical spine pain. Therefore, based on the Guidelines and the submitted records, the request for Ondansetron is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #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 (for pain) Page(s): 63-66.

**Decision rationale:** According to California MTUS Chronic Pain Treatment Guidelines, Flexeril (Cyclobenzaprine) is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use". The medical records show that the injured worker has been prescribed Flexeril (Cyclobenzaprine) regularly since at least 11/05/2014. The continued use of Flexeril for over seven months exceeds the MTUS recommendations. Therefore, based on the Guidelines and the submitted records, the request for Flexeril (Cyclobenzaprine) is not medically necessary.

**Tramadol ER 150mg #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, Tramadol (Ultram) Page(s): 74-96, 113.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic". The Guidelines also discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. In

addition, the injured worker has been prescribed Tramadol since at least 11/05/2014. Therefore, based on the Guidelines and the submitted records, the request for Tramadol is not medically necessary.

**Sumatriptan Succinate 25mg #9, x 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head 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, Triptans.

**Decision rationale:** Regarding the request for Sumatriptan (Imitrex), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) recommends triptans for migraine sufferers. After review of the received medical records, the injured worker's headaches are noted as migrainous in nature as well having tension between the shoulder blades, but migraine headaches are not listed as a current or previous diagnosis. In addition, there are no documentation of the frequency, intensity, and specific characteristics of the reported headaches. Therefore, the request for Sumatriptan is not medically necessary.