

<b>Case Number:</b>	CM15-0141256		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Anesthesiology

### 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 female, who is 63 years old, with a reported date of injury of 06-23-2011. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include low back pain, carpal tunnel syndrome, lateral epicondylitis, sprain of the hip and thigh, and neck pain. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included an MRI of the cervical spine on 03/10/2015 which showed a 3mm posterior disc protrusion at C4 to C5. The progress report dated 06-18-2015 indicates that the injured worker had constant pain in the low back with radiation into the lower extremities. The pain was noted as improving, and rated 4 out of 10. She also had constant pain in the right hip, which was characterized as stabbing, and rated 8 out of 10. The injured worker also had constant pain in the cervical spine with difficulty swallowing and hoarseness. The pain radiated into the upper extremities. The pain was associated with migraine headaches, and rated 7/10. She also complained of constant pain in the bilateral elbow, which was characterized as throbbing, and rated 7 out of 10. An examination of the cervical spine showed tenderness to palpation with spasm, a positive axial loading compression test, positive Spurling's maneuver, and limited range of motion with pain. An examination of the elbow showed tenderness over the elbow about the lateral epicondyle and olecranon groove, positive Tinel's sign over the cubital tunnel, full and painful range of motion, and diminished sensation in the ulnar digits. The examination of the lumbar spine showed tenderness to palpation of the paravertebral muscle with spasm, positive seated nerve root test and Fabere's, guarded and restricted standing flexion and extension, and normal sensation and strength. The treatment plan included the refilling of the injured worker's medications. It was noted that she was benefiting from taking the medications, and they were

helping in curing and relieving the injured worker's symptoms. The medications helped to improve her activities of daily living and made it possible to continue working and or maintain the activities of daily living. The injured worker was instructed to return to modified work. The treating physician requested Lansoprazole (Prevacid); Ondansetron; Cyclobenzaprine; Tramadol extended-release; Sumatriptan; Eszopiclone; and Nabumetone (Relafen).

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

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

#### **Lansoprazole (Prevacid) delayed release 30mg #120: Upheld**

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

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

**Decision rationale:** The injured worker has been prescribed Nabumetone, a non-steroidal anti-inflammatory medication (NSAID), and Lansoprazole, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. There is no documentation of how long the injured worker has been taking Lansoprazole. There were no gastrointestinal (GI) signs or symptoms documented. Therefore, the request for 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 (ODG), 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 Chapter, Ondansetron (Zofran) and Antiemetics (for opioid nausea).

**Decision rationale:** The CA MTUS does not address Ondansetron. The non-MTUS Official Disability Guidelines do not recommend Ondansetron "for nausea and vomiting secondary to chronic opioid use." The guidelines state that 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 is FDA-approved for gastroenteritis." There is no documentation that the injured worker had any of these conditions. The request does not meet guideline recommendation. Therefore, 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 Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63-64.

**Decision rationale:** The CA MTUS Chronic Pain 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. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. There is no documentation of how long the injured worker has been taking Cyclobenzaprine. Therefore, the request for 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 and Tramadol (Ultram) Page(s): 74-96 and 113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. There is no documentation of how long the injured worker has been taking Tramadol. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. Tramadol may also produce life-threatening serotonin syndrome. There is no documentation that the injured worker has been taking any of these medications. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. Therefore, the request for Tramadol is not medically necessary.

**Sumatriptan succinate 25mg #9:** 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), 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:** MTUS guidelines are silent on Imitrex (Sumatriptan succinate); therefore the ODG Guidelines were consulted. According to the ODG, triptans are recommended for patients who suffer from migraines. The recent progress notes did not include subjective or objective findings related to headaches and the need for the medication. The treating physician has provided minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. Although triptans are an option for treatment of migraine headaches per the ODG, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. In addition, there is no documentation of the efficacy in the medical records. Medical necessity for this medication has not been established. The requested item is not medically necessary.

**Eszopiclone 1mg #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), Online Edition, Pain Chapter, Insomnia Treatment.

**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, Eszopiclone (Lunesta).

**Decision rationale:** Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopiclone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. There is no indication of how long the injured worker has been taking the medication. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.

**Nabumetone (Relafen) 750mg #120:** 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Nabumetone (Relafen) is a non-steroidal anti-inflammatory drug (NSAID). The CA MTUS Chronic Pain Guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The guidelines state that the lowest effective dose of Nabumetone should be given for each patient. The treating physician requested Nabumetone 750mg three times a day, which exceeds the guideline recommendation. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status,

activities of daily living, and dependency on continued medical care. For these reasons, medical necessity of the requested medication has not been established. The request for Nabumetone is not medically necessary.