

<b>Case Number:</b>	CM15-0144210		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, Illinois

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 45 year old female with an industrial injury dated 03-18-2013. The injured worker's diagnoses include lumbosacral neuritis and lumbago. Treatment consisted of prescribed medications . In a progress note dated 06-10-2015, the injured worker reported sharp constant pain in the low back with radiation into the lower extremities. The injured worker rated pain an 8 out of 10. Objective findings revealed palpable lumbar paravertebral muscle tenderness with spasm, positive seated nerve root test, and restricted and guarded lumbar range of motion. Tingling and numbness in the lateral thigh, anterolateral and posterior leg, foot, and L5 and S1 dermatomal patterns were also noted on exam. The treatment plan consisted of medication management, continuation of weight loss program and pain management referral. The treating physician prescribe Ondansetron 8mg ODT (orally disintegrating tablet), #30, Cyclobenzaprine hydrochloride tablets 7.5mg, #120, Tramadol ER (extended release) 150mg, Lansoprazole (Prevacid) delayed release capsules 30mg, #120 and Nabumentone (Relafen) 750mg, #120, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg ODT (orally disintegrating tablet), #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 (Chronic): Antiemetics (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) Ondansetron (Zofran®).

**Decision rationale:** The injured worker sustained a work related injury on 03-18-2013. The medical records provided indicate the diagnosis of 03-18-2013. The injured worker's diagnoses include lumbosacral neuritis and lumbago. Treatment consisted of prescribed medications. The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg ODT (orally disintegrating tablet), #30. Ondansetron (Zofran). The MTUS is silent on this medication, but the Official Disability Guidelines identifies it as an antiemetic that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use, and gastroenteritis. The medical records indicate it is being used for treatment of nausea and vomiting associated with headache originating from the neck. There was no guideline supporting its use for this purpose, including epocrates, Medscape and National Guidelines Clearinghouse. Also, it is not used for treatment of opioid related nausea.

**Cyclobenzaprine hydrochloride tablets 7.5mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

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

**Decision rationale:** The injured worker sustained a work related injury on 03-18-2013. The medical records provided indicate the diagnosis of 03-18-2013. The injured worker's diagnoses include lumbosacral neuritis and lumbago. Treatment consisted of prescribed medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine hydrochloride tablets 7.5mg, #120. Cyclobenzaprine (Flexeril) is a muscle relaxant with a recommended dosing of 5 to 10 mg three times a day for no longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. Therefore, the requested quantity exceeds the guidelines recommendation.

**Tramadol ER (extended release) 150mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 03-18-2013. The medical records provided indicate the diagnosis of 03-18-2013. The injured worker's diagnoses include lumbosacral neuritis and lumbago. Treatment consisted of prescribed medications. The medical records provided for review do not indicate a medical necessity for Tramadol ER (extended release) 150mg, #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Tramadol is a synthetic opioid. The medical records indicate this medication and other opioids have been in use at least since 01/2015, but with no overall improvement. The medical records do not indicate the injured workers is properly monitored for activities of daily living and pain control.

**Lansoprazole (prevacid) delayed release capsules 30mg, #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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 03-18-2013. The medical records provided indicate the diagnosis of 03-18-2013. The injured worker's diagnoses include lumbosacral neuritis and lumbago. Treatment consisted of prescribed medications. The medical records provided for review do not indicate a medical necessity for Lansoprazole (prevacid) delayed release capsules 30mg, #120. Lansoprazole is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The Medical records indicate the injured worker had adverse effects to NSAIDs in the past; therefore, it was appropriate to add proton pump inhibitors the workers medications while taking NSAIDS. Nevertheless, it is not medically necessary and appropriate to do so now, because it has been determined the injured worker no longer needs NSAIDs due to lack of benefit.

**Nabumentone (Relafen) 750mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

**Decision rationale:** The injured worker sustained a work related injury on 03-18-2013. The medical records provided indicate the diagnosis of 03-18-2013. The injured worker's diagnoses include lumbosacral neuritis and lumbago. Treatment consisted of prescribed medications. The medical records provided for review do not indicate a medical necessity for Nabumentone (Relafen) 750mg, #120. Nabumetone is a non-steroidal anti-inflammatory drug (NSAID). The MTUS recommend the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS recommends periodic lab monitoring of blood counts and chemistry profile (including liver and kidney function tests). The MTUS states that there is no evidence to recommend one drug in this class over another based on efficacy. The Medical records indicate the injured worker has been using NSAIDs at least since 01/2015 but with no overall improvement. There is no indication the injured worker is being monitored for blood count and kidney and liver functions as recommended.