

<b>Case Number:</b>	CM15-0057011		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male who reported an injury on 09/15/2013. His mechanism of injury was not included. His diagnoses included cervicgia, cervical discopathy, carpal tunnel/double crush syndrome, bilateral shoulder impingement, left knee internal derangement, and bilateral plantar fasciitis. His past treatments have included physical therapy, work modification, pain medications. His surgical history included a cardiac catheterization and coronary angiogram was performed on 09/16/2013, and emergent salvage coronary artery bypass graft x3. The injured worker had complaints of pain in the cervical spine that he rated at an 8/10. Pain in the bilateral shoulders was noted, greater to the right than the left, characterized as throbbing, and rated at a 7/10. Frequent pain was noted in the bilateral knees, left greater than right and rated at a 5/10. Constant pain in the low back was noted and the injured worker rated it at an 8/10. On physical exam, there was noted to be palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test was noted. Spurling's maneuver was positive. There is reproducible symptomatology in the upper extremities consistent with a double crush. His medications included omeprazole 20 mg, Ondansetron 8 mg, cyclobenzaprine 7.5 mg, tramadol 150 mg, and Lunesta 1 mg. The treatment plan included continuing the preapproved course of chiropractic care, continue pain medications. The rationale for the request was to help the injured worker relieve pain. The Request for Authorization form was signed and dated in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The injured worker described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain. As the California MTUS Guidelines state it should be determined if the patient is at risk for gastrointestinal events by using the following criteria: Age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. As the injured worker states he has a history of gastric upset with NSAID use, the request for omeprazole 20 mg quantity 120 is 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, 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, Antiemetics (for opioid nausea).

**Decision rationale:** The Official Disability Guidelines state that 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 a lack of documentation in the medical record to indicate this medication, Ondansetron, is being prescribed for an FDA approved condition. Therefore, the request for Ondansetron 8 mg quantity 30 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): 63-64.

**Decision rationale:** The California MTUS Guidelines state that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. As this medication is a refill and there is no indication for this medication to be prescribed on a routine, scheduled basis when the guideline recommends a

short-term use. Therefore, the request for cyclobenzaprine hydrochloride 7.5 mg quantity 120 is not medically necessary.

**Tramadol Extended Release 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The California MTUS Guidelines states that are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug related behaviors. There is lack of documentation regarding a proper pain assessment, side effects from this medication, objective functional improvement with activities of daily living while using this medication and a lack of documentation of current urine drug screen. Therefore, the request for tramadol extended release 150 mg quantity 90 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, 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, Eszopiclone (Lunesta).

**Decision rationale:** The Official Disability Guidelines state that Eszopiclone is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. As the guidelines do not recommend long-term use of Eszopiclone, the request for Eszopiclone 1 mg quantity 30 is not medically necessary.