

<b>Case Number:</b>	CM15-0058908		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 02/03/2010. He has reported subsequent back pain and was diagnosed with lumbar radiculopathy, status post fusion of the lumbar spine, lumbar spinal stenosis and diabetes mellitus. Treatment to date has included oral and topical pain medication. In a progress note dated 02/10/2015, the injured worker complained of low back pain that was rated as 4/10 with radiation in lower extremities. Objective findings were notable for palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion of the lumbar spine. A request for authorization of Ondansetron, Cyclobenzaprine and Tramadol was made. Per the doctor's note dated 2/17/15 patient had complaints of pain in neck and back with radiation in lower and upper extremities at 3-7/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion and muscle spasm. The patient has had MRI of the lumbar spine on 8/29/14 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. The medication list includes Flector patch, Percocet, Aspirin, Lantus, Lisinopril and Vytarin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14)Antiemetics (for opioid nausea)Thompson micromedex Ondansetron FDA labeled indication.

**Decision rationale:** Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore, ODG and Thompson Micromedex were used. Per ODG, "Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use."According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; "Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis."Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Any abnormal findings on GI examination were not specified in the records provided. The clinical information submitted for this review does not establish the medical necessity of the Ondansetron ODT 8mg #30 for this patient at this juncture.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients. He has reported subsequent back pain and was diagnosed with lumbar radiculopathy, status post fusion of the lumbar spine, lumbar spinal stenosis and diabetes mellitus. In a progress note dated 02/10/2015, the injured worker complained of low back pain that was rated as 4/10 with radiation in lower extremities. Objective findings were notable for palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion of the lumbar spine. Per the doctor's note dated 2/17/15 patient had complaints of pain in neck and back with radiation in lower and upper extremities at 3-7/10.Physical examination of the low back revealed tenderness on palpation, limited range of motion and muscle spasm. The patient has had MRI of the lumbar spine on 8/29/14 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. The patient has evidence of muscle spasms on objective examination. The

patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, the request for Cyclobenzaprine hydrochloride tablets 7.5mg, Qty: 120, one PO Q8H/PRN is medically necessary and appropriate for prn use during exacerbations.

**Tramadol Hydrochloride ER 150mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75, 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He has reported subsequent back pain and was diagnosed with lumbar radiculopathy, status post fusion of the lumbar spine, lumbar spinal stenosis and diabetes mellitus. In a progress note dated 02/10/2015, the injured worker complained of low back pain that was rated as 4/10 with radiation in lower extremities. Objective findings were notable for palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion of the lumbar spine. Per the doctor's note dated 2/17/15 patient had complaints of pain in neck and back with radiation in lower and upper extremities at 3-7/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion and muscle spasm. The patient has had MRI of the lumbar spine on 8/29/14 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol Hydrochloride ER 150mg #90 is deemed as medically appropriate and necessary.