

<b>Case Number:</b>	CM15-0059019		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/23/2015
<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: 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 50-year-old male who reported injury on 01/08/2009. The mechanism of injury was cumulative trauma. The documentation of 02/17/2015 revealed the injured worker had intermittent pain in the cervical spine that was aggravated by repetitive motion. The pain was dull. The physical examination revealed palpable paravertebral muscle tenderness with spasms. The Spurling's maneuver was negative. The range of motion was limited due to pain. The diagnoses included cervicgia status post surgery. The treatment plan included a refill of medications. The documentation indicated the injured worker was benefiting from the medications and was continuing to take their medication as directed. The injured worker's medications were noted to improve the injured worker's activities of daily living and make it possible for the injured worker to continue working or maintaining the activities of daily living. The injured worker was to continue with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nalfon 400 mg Qty 120 is not medically necessary.

**Omeprazole 20 mg Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker was at intermediate or high risk for gastrointestinal events. There was a lack of documentation of signs and symptoms of dyspepsia. There was a lack of documentation of efficacy for the requested medication. Additionally, this request would not be supported as the request for the NSAID was not supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #120 is not medically necessary.

**Ondansetron 8 mg Qty 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).

**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.

**Decision rationale:** The Official Disability Guidelines indicate that Ondansetron is not recommended as a treatment for opioid induced nausea. It is recommended for postoperative use and for concurrent use with chemotherapy. There was a lack of documented rationale for the use of the medication. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ondansetron 8 mg Qty 30 is not medically necessary.

**Cyclobenzaprine 7.5 mg Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was improving the injured worker's activities of daily living and making it possible for him to continue working. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg Qty 120 is not medically necessary.

**Tramadol 150 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation that the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of an objective decrease in pain. There was documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 150 mg Qty 90 is not medically necessary.

**Sumatriplan Succinate 25 mg Qty 18: 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 (trauma).

**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:** The Official Disability Guidelines recommend Triptans for the treatment of migraine headaches. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documented efficacy for the requested medication. There

was a lack of documentation indicating the injured worker had migraine headaches. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for sumatriptan succinate 25 mg Qty 18 is not medically necessary.