MAXIMUS Federal Services

| Case Number: | CM15-0065213 | | |
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| Date Assigned: | 04/13/2015 | Date of Injury: | 06/24/2012 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

## 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, New York, California
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 applicant is a represented 43-year-old who has filed a claim for chronic low back, knee, and shoulder pain with derivative complaints of sleep disturbance and psychological stress reportedly associated with an industrial injury of June 24, 2012. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for Prilosec (omeprazole), ondansetron (Zofran), cyclobenzaprine (Flexeril), and tramadol (Ultram). Imitrex and Nalfon, it was incidentally noted, were, however, approved. A RFA form received on March 4, 2015 and associated progress note of January 29, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated March 4, 2015, Nalfon, Prilosec, Zofran, Flexeril, and tramadol were endorsed, without any discussion of medication efficacy. In an associated progress note of January 29, 2015, the applicant reported highly variable 6-8/10 neck and low back complaints with derivative complaints of shoulder pain and headaches. Lifting, bending, twisting, pushing, pulling, sitting, standing, and walking all remained problematic. Derivative complaints of insomnia were reported. No discussion of medication efficacy transpired. It was stated that the applicant could potentially be a candidate for spine surgery. The applicant was asked to continue working regular duty toward the bottom of the report. The attending provider did not, however, discuss any of the applicant's medications or state whether or not any of the applicant's medications were or were not effective for whatever role they were being employed. In a February 18, 2015 RFA form, Nalfon, Prilosec, Zofran, Flexeril, tramadol, and Imitrex were sought through pre-printed checkboxes, without any associated narrative commentary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**120 OMEPRAZOLE 20MG (EXPRESS SCRIPTS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

**Decision rationale:** No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on multiple progress notes and/or RFA forms of January 29, 2015, February 18, 2015, or March 4, 2015. Therefore, the request was not medically necessary.

**30 ONDANSETRON 8MG (EXPRESS SCRIPTS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

**Decision rationale:** Similarly, the request for ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy and/or surgery. Here, however, there was no mention of the applicant's having had radiation therapy, chemotherapy, and/or surgery. There was, furthermore, no mention of the applicant's personally experiencing symptoms of nausea and/or vomiting on progress notes, RFA forms, and/or prescription forms of March 4, 2015, January 29, 2015, or February 18, 2015. Therefore, the request was not medically necessary.

**120 CYCLOBENZAPINE 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXERS.

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

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. The 120-tablet supply of cyclobenzaprine at issue, furthermore, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**90 TRAMADOL 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while it was suggested that the applicant had returned to work on January 29, 2015, the attending provider failed to outline quantifiable decrements in pain or meaningful commentary of improvements in function (if any) effected as a result of ongoing tramadol usage on that date. The attending provider seemingly refilled tramadol, along with multiple other medications, using pre-printed checkboxes, without any narrative commentary so as to support the need for ongoing usage of the same. Therefore, the request was not medically necessary.