

<b>Case Number:</b>	CM15-0080687		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/20/1986
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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:

This is a 51 year old male patient, who sustained an industrial injury on October 20, 1986. He was diagnosed with lumbosacral neuritis, and internal derangement of the right knee. Per the doctor's note dated 3/4/15, he had complaints of persistent low back and right knee pain. The physical examination revealed lumbar spine- tenderness, spasm, restricted range of motion, positive seated nerve root test; right knee- positive patellar compression test, pain with terminal flexion with crepitus; right foot- tenderness and pain with forced dorsiflexion of the foot. The medications list includes fenopufen, omeprazole, cyclobenzaprine, tramadol and ondansetron. Treatment included pain medications, anti-inflammatory drugs, and knee arthroscopic surgery, and steroid injections. The treatment plan that was requested for authorization included prescriptions for Nalfon, Ondansetron, Cyclobenzaprine and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nalfon 400mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Nalfon.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Request- Nalfon 400mg #120. Nalfon contains Fenoprofen, which is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient has chronic low back and right knee pain. The patient has significant objective findings on physical examination-lumbar spine-tenderness, spasm, restricted range of motion, positive seated nerve root test; right knee-positive patellar compression test, pain with terminal flexion with crepitus; right foot-tenderness and pain with forced dorsiflexion of the foot. He has history of right knee arthroscopic surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Nalfon 400mg #120 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

**Ondansetron 8mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ondansetron (Zofran). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Ondansetron (Zofran) Antiemetics (for opioid nausea).

**Decision rationale:** Request- Ondansetron 8mg #30. Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore, ODG was used. According to the ODG guidelines, Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemo-therapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. A detailed history related to nausea or vomiting is not specified in the records provided. Any evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery is not specified in the records provided. A recent detailed gastrointestinal examination is not specified in the records provided. The medical necessity of Ondansetron 8mg #30 is not medically necessary for this patient.

**Cyclobenzaprine 7.5mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64.

**Decision rationale:** Request- Cyclobenzaprine 7.5mg #120. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Per the submitted medical records, patient has chronic low back and right knee pain. The patient has significant objective findings on physical examination-lumbar spine-tenderness, spasm, restricted range of motion, positive seated nerve root test; right knee-positive patellar compression test, pain with terminal flexion with crepitus; right foot-tenderness and pain with forced dorsiflexion of the foot. He has history of right knee arthroscopic surgery. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 7.5mg #120 is medically appropriate and necessary to use as prn during acute exacerbations.

**Tramadol 150mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Criterial for use of opioids.

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

**Decision rationale:** Request- Tramadol 150mg #90. 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 nor epinephrine. 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 use is recommended for treatment of episodic exacerbations of severe pain. Per the submitted medical records, patient has chronic low back and right knee pain. The patient has significant objective findings on physical examination-lumbar spine-tenderness, spasm, restricted range of motion, positive seated nerve root test; right knee-positive patellar compression test, pain with terminal flexion with crepitus; right foot-tenderness and pain with forced dorsiflexion of the foot. He has history of right knee arthroscopic surgery. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 150mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.