

<b>Case Number:</b>	CM15-0083573		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 32 year old female who sustained an industrial injury on 06/27/13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, left knee surgery, and left knee intra-articular knee injections. Diagnostic studies are not addressed. Current complaints include bilateral knee pain, low back, and left ankle pain. Current diagnoses include internal knee derangement, lumbar discopathy/radiculopathy, and rule out internal derangement of the left hip and ankle. In a progress note dated 02/24/15 the treating provider reports the plan of care as a lumbar brace, a right knee brace, MRI of the right knee, and medications including Fenoprofen, omeprazole, Ondansetron, cyclobenzaprine, and tramadol. The requested treatments include Fenoprofen, omeprazole, Ondansetron, cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium 400mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with low back pain radiating to lower extremities rated 7/10 and bilateral knee pain rated 8/10. The request is for Fenopufen Calcium 400mg #120. The request for authorization is not provided. Physical examination of the knees reveals tenderness to palpation in the joint line. There is crepitus with painful range of motion. Patellar grind test is positive. McMurray is positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Range of motion is guarded and restricted. Seated nerve root test is positive. Patient is benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Patient's medications include Fenopufen, Omeprazole, Ondansetron and Cyclobenzaprine. Per progress report dated 03/31/15, the patient is on modified work. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Fenopufen. In this case, the treater has not documented pain reduction or functional improvement resulting from using Fenopufen. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The patient presents with low back pain radiating to lower extremities rated 7/10 and bilateral knee pain rated 8/10. The request is for Omeprazole 20mg #120. The request for authorization is not provided. Physical examination of the knees reveals tenderness to palpation in the joint line. There is crepitus with painful range of motion. Patellar grind test is positive. McMurray is positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Range of motion is guarded and restricted. Seated nerve root test is positive. Patient is benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Patient's medications include Fenopufen, Omeprazole, Ondansetron and Cyclobenzaprine. Per progress report dated 03/31/15, the patient is on modified work.

Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Omeprazole. In this case, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not indicate how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, the request is not medically necessary.

**Ondansetron 80mg #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), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with low back pain radiating to lower extremities rated 7/10 and bilateral knee pain rated 8/10. The request is for Ondansetron 80mg #30. The request for authorization is not provided. Physical examination of the knees reveals tenderness to palpation in the joint line. There is crepitus with painful range of motion. Patellar grind test is positive. McMurray is positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Range of motion is guarded and restricted. Seated nerve root test is positive. Patient is benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Patient's medications include Fenoprofen, Omeprazole, Ondansetron and Cyclobenzaprine. Per progress report dated 03/31/15, the patient is on modified work. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug 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." Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Ondansetron. In this case, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the request is not medically necessary.

**Cyclobenzaprine hydrochloride 7.5mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with low back pain radiating to lower extremities rated 7/10 and bilateral knee pain rated 8/10. The request is for Cyclobenzaprine Hydrochloride 7.5mg #120. The request for authorization is not provided. Physical examination of the knees reveals tenderness to palpation in the joint line. There is crepitus with painful range of motion. Patellar grind test is positive. McMurray is positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Range of motion is guarded and restricted. Seated nerve root test is positive. Patient is benefiting from taking these medications. They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Patient's medications include Fenoprofen, Omeprazole, Ondansetron and Cyclobenzaprine. Per progress report dated 03/31/15, the patient is on modified work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Cyclobenzaprine. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #120 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.