

<b>Case Number:</b>	CM15-0083974		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/15/2015
<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: 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 54-year-old who has filed a claim for chronic low back, neck, knee, and wrist pain reportedly associated with an industrial injury of November 27, 2007. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve requests for omeprazole, ondansetron, cyclobenzaprine, and tramadol. The claims administrator referenced a RFA form received on April 3, 2015 and associated progress note of March 25, 2015 in its determination. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of neck pain radiating into bilateral upper extremities. Ancillary complaints of shoulder and back pain were reported, 8/10. The applicant also reported derivative complaints of insomnia and ancillary complaints of headaches. The applicant was given a vitamin B12 injection in the clinic setting. The applicant was given unspecified medication refills under separate cover, without much discussion of medication efficacy. The names of the medications in questions were not specified. The applicant had apparently been declared permanently partially disabled, it was suggested. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. There was no mention of the applicant's personally experiencing any symptoms of nausea on this date. The remainder of the file was surveyed. The attending provider did not ever discuss the applicant's medications by name in any of the progress notes on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #120 no refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (Prilosec) 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, either NSAID-induced or stand-alone, on multiple progress notes on file. Therefore, the request was not medically necessary.

**Ondansetron 80 mg #30 no refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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).

**Decision rationale:** Similarly, the request for ondansetron (Zofran), an antiemetic medication, 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 the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that ondansetron (Zofran) 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 any cancer chemotherapy, radiation therapy, and/or surgery on or around the date (s) in question. The attending provider, furthermore, failed to outline whether or not the applicant was personally experiencing any symptoms of nausea and/or vomiting on or around the date in question. Usage of Zofran (ondansetron), here, thus, amounted to a non-FDA labeled role for the same. The attending provider did not furnish any rationale or medical evidence which would have supported such usage. Therefore, the request was not medically necessary.

**Cyclobenzaprine hydrochloride 7.5 mg #120 no refills: Upheld**

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

**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. Here, the applicant was seemingly using a variety of agents, including tramadol, Zofran, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue 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.

**Tramadol ER 150 mg #90 no refills: 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 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, however, the applicant's work status was not clearly outlined on multiple office visits on file, including on March 3, 2015. It did not appear, however, that the applicant was working following imposition of permanent work restrictions. The attending provider's progress notes did not include any discussion of medication efficacy. The medications in question, including tramadol, were not specifically discussed on March 3, 2015 or on other progress notes. 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. Therefore, the request was not medically necessary.