

<b>Case Number:</b>	CM15-0087171		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/30/2007
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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 injured worker (IW) is a 52 year old male who sustained an industrial injury on 09/30/2007. He reported neck pain, low back pain, and dysphagia. The injured worker was diagnosed as being status post C5 to C7 anterior cervical discectomy and fusion 06/15/2013; retained symptomatic hardware, cervical spine; thoracic spine discopathy; lumbar spine discopathy; and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment to date has included anterior cervical fusion C5-C7 on 06/15/2012. Currently, the injured worker complains of ongoing neck pain and posterior mid-scapular pain. He has increased tingling and numbness in the bilateral upper extremities and increased pain, tingling and numbness into the bilateral lower extremities. A Primary Treating Physician's Progress Report of 04/17/2015 discusses his exam in relation to a potential request for authorization of a cervical epidural steroid injection. The request for independent medical review addresses a request for prospective use of the following: Fenoprofen Calcium (Nalfon) 400mg #120, Omeprazole 20mg #120, Ondansetron 8mg #3, Cyclobenzaprine HCL 7.5mg #120, Tramadol ER 150mg #90, and Sumatriptan Succinate 25mg #9 with 1 refill. The original Request for Authorization is not found in the Medical records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium (Nalfon) 400mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Fenoprofen Calcium (Nalfon) 400mg #120 is not medically necessary.

**Omeprazole 20mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Omeprazole 20mg #120 is not medically necessary.

**Ondansetron 8mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (Zofran).

**Decision rationale:** There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron 8mg #30 is not medically necessary.

**Cyclobenzaprine HCL 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 Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine HCL 7.5mg #120 is not medically necessary.

**Tramadol ER 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. Tramadol ER 150mg #90 is not medically necessary.

**Sumatriptan Succinate 25mg #9 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Triptans, and Head.

**Decision rationale:** Although triptans are recommended in the Official Disability Guidelines, the medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. The examination findings provided no objective or quantitative measure of pain to determine severity of the headaches. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Sumatriptan Succinate 25mg #9 with 1 refill is not medically necessary.