

<b>Case Number:</b>	CM15-0098412		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Pennsylvania, Ohio, 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 42 year old male, who sustained an industrial injury on 09/27/2012. According to a progress report dated 03/25/2015, subjective complaints included intermittent pain in the cervical spine, radiation of pain into the upper extremities, associated headaches that were migrainous in nature and tension between the shoulder blades. Pain was improving and was rated 4 on a scale of 1-10. He complained of right elbow pain, constant pain in the low back and radiation of pain into the lower extremities. Pain was worsening and was rated 7 on a scale of 1-10. He was experiencing left side spasms. Physical examination of the cervical spine demonstrated palpable paravertebral muscle tenderness with spasm. Range of motion was limited with pain. There was no clinical evidence of stability on exam. Examination of the lumbar spine demonstrated palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was no clinical evidence of stability on exam. There was tingling and numbness in the lateral thigh, anterolateral leg and foot, an L5 dermatomal pattern. Strength was 4 in the EHL, (extensor hallucis longus muscle) an L4 innervated muscle. Diagnoses included lumbago and cervicgia status post anterior cervical disc fusion. Treatment plan included medication refills and continuance of physical therapy. Medications were improving the injured worker's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Medication regimen was not included in this progress report. On 05/08/2015, the provider requested authorization for Fenoprofen Calcium, Lansoprazole, Ondansetron,

Cyclobenzaprine, Tramadol ER and Sumatriptan Succinate. Currently under review is the request for Lansoprazole, Ondansetron and Cyclobenzaprine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lansoprazole 30 mg #120: Upheld**

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

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

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication, The request is not medically necessary.

#### **Ondansetron 8 mg #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): Antiemetics.

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

**Decision rationale:** ODG states that this medication is an anti-emetic but is not recommended for nausea/vomiting due to chronic opioid use. The records do not provide a rationale for this medication consistent the treatment guidelines. The request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines weaning of medications, muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 63-64.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.