

<b>Case Number:</b>	CM13-0031167		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of May 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a utilization review report of September 23, 2013, the claims administrator denied a request for Flexeril, Naprosyn, Medrox, and tramadol. The applicant's attorney later appealed on September 26, 2013. In an August 28, 2013 prescription/request for authorization form, the attending provider through the usage of preprinted checkboxes, requested for prescriptions for Naprosyn, Flexeril, tramadol, Medrox, Zofran, and Prilosec. All of the information is templated. No clinical or claimant-specific information was provided. No clinical progress notes were attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg x 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** While page 22, of the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for chronic low back pain, in this case, no applicant specific information was attached to the request for authorization or application for independent medical review. No clinical progress notes were attached to describe the applicant's response to prior treatment. Therefore, the request is not certified owing to lack of supporting documentation.

**Omeprazole Delayed-Release 20mg x 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Treatment of dyspepsia secondary to NSAID therapy.

**Decision rationale:** While page 69, of MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID induced dyspepsia, in this case, however, there is no specific mention of issues or symptoms associated with dyspepsia, either NSAID induced or stand alone. Therefore, the request is not certified.

**Ondansetron ODT 4mg x 30x2:** Upheld

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

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

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter antiemetics topic, ondansetron and Zofran is indicated in the treatment of nausea and vomiting secondary to acute therapy and radiation treatment, for postoperative use proposes, and for purpose of treating gastroenteritis. In this case, the attending provider did not clearly state if his request conforms to the approved indications stated above. Again, no clinical or claimant-specific information was attached to the request for authorization or application for IMR. Therefore, the request is not certified.

**Medrox Patch x 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are the first line palliative method. In this case, there was no evidence of intolerance to or failure of multiple classes of oral pharmaceuticals so as to make a case for topical analgesics, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified. Again, no clinical progress notes or applicant specific information was attached to the application for independent medical review.

**Tramadol Hydrochloride ER 150mg x 90:** 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 Page(s): 80.

**Decision rationale:** As noted on page 80, of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain. In this case, however, the applicant's work status, functional status, and response to prior prescriptions of tramadol were not clearly stated. Again, no applicant-specific information was provided. Therefore, the request is not certified.

**Quazepan Tabs 15mg CIV x 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), TWC, 9th Edition (Web), Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on the page 24, of MTUS Chronic Pain Medical Treatment Guidelines, chronic, long-term, scheduled, and/or longstanding usage of benzodiazepines, as was proposed here, is not recommended for pain, anxiety, anticonvulsant effect, anxiolytic effect, etc. In this case, the attending provider did not furnish any rationale or applicant specific information so as to and try offset the unfavorable MTUS recommendation. Therefore, the request it not certified.