

<b>Case Number:</b>	CM13-0036839		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 patient is a 43-year-old male who reported an injury on 10/15/10. The patient is diagnosed as status post C5-6 anterior cervical discectomy and fusion, and status post removal of hardware at C5-6 with C4-5 and C6-7 cervical total disc replacement on 2/8/13. The patient was seen by ■■■ on 8/20/13. The patient reported residual symptomatology in the cervical spine. Physical examination revealed increasing range of motion and no significant neurologic deficit in the upper extremities. Treatment recommendations included continuation of current physical therapy and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 120 Naproxen Sodium 550mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As

per the clinical notes submitted, the patient has continuously utilized this medication. There is no documentation of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. There is no indication that there is an acute nature to the current symptoms in which continued use of NSAIDs is necessary. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**The request for 120 Cyclobenzaprine Hydrochloride 7.5mg: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is recommended for a short course of therapy and should not be used longer than 2-3 weeks. The patient has continuously utilized this medication. There is no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

**The request for 18 Sumatriptan Succinate 25mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines..

**Decision rationale:** Official Disability Guidelines state triptans are recommended for migraine sufferers. As per the clinical notes submitted, the patient has continuously utilized this medication. Documentation of chronic headaches or migraine episodes was not provided for review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**The request for 60 Ondansetron DR 8mg: Upheld**

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

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

**Decision rationale:** Official Disability Guidelines state triptans are recommended for migraine sufferers. As per the clinical notes submitted, the patient has continuously utilized this medication. Documentation of chronic headaches or migraine episodes was not provided for review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**The request for 120 Omeprazole DR 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that proton pump inhibitors are not recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no indication of cardiovascular disease or increased risk factor for gastrointestinal events. Therefore, the patient does not meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

**The request for 90 Tramadol Hydrochloride ER 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to reported residual symptomatology in the cervical spine. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

**The request for 60 Alprazolam ER 1mg:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. As per the clinical notes submitted, there is no evidence of anxiety or depressive symptoms. There is also no evidence of muscle spasm or spasticity on physical examination. The California MTUS Guidelines further state that a more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.