

<b>Case Number:</b>	CM14-0112344		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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/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 injured worker is a 56-year-old female who reported an injury on 12/16/2013. The mechanism of injury reportedly occurred as an escalator suddenly stopped, the injured worker flew forward with left hand on railing, reaching out with right hand to hold railing, but missed it and it jabbed right digits 3 to 5 under the rubber railing; it felt like her finger got jammed up her arm to her elbow. Her diagnoses included right knee pain, hand pain, and low back pain. Past treatments included a wrist brace, medications, and 6 physical therapies which helped. Diagnostic studies included right wrist x-ray on 12/16/2013, a right hand x-ray on 12/16/2013. Surgical history was not provided. On 03/03/2014, the injured worker was seen for back pain and right hand pain. The injured worker rated her pain at 6.5/10 to 7/10. The pain was worse with twisting at waist, standing back up, and pulling files. The spasms were worse at night. Physical therapy had helped. For her right elbow, the injured worker stated that the pain was constant electrical shock like pain which rated a 5/10. Upon examination, there was no tenderness to palpation along the hand. On 03/18/2014, the injured worker was seen for knee pain, right hand/wrist pain, and low back pain. Upon examination, the pain rate was 8/10. The treatment plan was to have meds faxed and physical therapy 2 times a week for 4 weeks. The request is for Voltaren SR 100 mg (diclofenac sodium) #120, orphenadrine citrate ER 100 mg (Norflex) #120, ondansetron ODT tablets 8 mg #30 x 2, omeprazole Delayed Release Capsules 20 mg #120, and tramadol hydrochloride ER 150 mg #90. The rationale was not provided. The Request for Authorization was dated 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren SR 100mg (Diclofenac Sodium) #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC) Pain Procedure Summary last updated 06/10/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71.

**Decision rationale:** The request for Voltaren SR 100mg (Diclofenac Sodium) #120 is not medically necessary. The injured worker has a history of back, right knee, right hand and wrist pain. The California MTUS Guidelines note specific recommendations for NSAIDs. They are recommend 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 and, in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The injured worker had chronic pain of the low back rated at 7/10, wrist pain and hand pain rated at 8/10, and knee pain rated at 6/10. There is a lack of documentation of failed drugs that are used for first line therapy. Voltaren is not recommend as a first line therapy. There is a lack of documentation of efficacy with regard to use. There was lack of frequency on the request. As such, the request is not medically necessary.

**Orphenadrine Citrate ER (extended release) 100mg (Norflex) #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC) Pain Procedure Summary last updated 04/10/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

**Decision rationale:** The request for Orphenadrine Citrate ER 100mg (Norflex) #120 is not medically necessary. The injured worker has a history of back, wrist/hand, and knee pain. The California MTUS Guidelines state that muscle relaxants are recommended in certain situations. Nonsedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is a lack of documentation of an acute exacerbation. The patient has been on said medication since 04/2014. The medication is for short term usage with a duration of less than 2 weeks for treatment of acute exacerbations of low back pain. There is lack of frequency provided on the request. As such, the request is not medically necessary.

**Ondansetron ODT tablets 8mg #30x2: 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)- Treatment for Workers' Compensation (TWC) Pain Procedure Summary last updated 03/18/2014.

**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 (Zofran).

**Decision rationale:** The request for Ondansetron ODT tablets 8mg #30x2 is not medically necessary. The Official Disability Guidelines state that antiemetics for opioid nausea is not recommend for nausea and vomiting secondary to chronic opioid use. There is a lack of documentation of nausea or gastrointestinal symptoms. There is a lack of documentation of a medical necessity for said medication. There is lack of frequency provided within the request. As such, the request is not medically necessary.

**Omeprazole Delayed Release Capsules 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Omeprazole Delayed Release Capsules 20mg #120 is not medically necessary. The injured worker has a history of low back pain, right wrist/hand pain, and right knee pain. The California MTUS Guidelines state NSAIDs are recommended for individuals with gastrointestinal symptoms and cardiovascular risks with precautions such as are under multiple or high dose of NSAIDs and those above the age of 65. Patients at immediate risk for gastrointestinal events or no cardiovascular disease can take a nonselective NSAID with either a proton pump inhibitor or misoprostol. The request for NSAID has been non-certified. There is no medical necessity to support the use of omeprazole at this time. There is a lack of documentation to the frequency within the request. As such, the request is not medically necessary.

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

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

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

**Decision rationale:** The request for Tramadol Hydrochloride ER 150mg #90 is non-certified. The injured worker had a history of low back pain, right wrist/hand pain, and right knee pain. The California MTUS Guidelines recommend documentation and efficacy of pain relief, behavior pattern and functional a improvements with use. There is lack of documentation of the above

from said medication. There is lack of documentation as to the frequency of said medication. As such, the request is non-certified.