

<b>Case Number:</b>	CM14-0116564		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Interventional Spine 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 patient is a 58-year-old female with date of injury of 10/04/2012. The listed diagnoses per [REDACTED] from 06/10/2014 are: 1. Cervical discopathy 2. Cervicalgia 3. Status post bilateral carpal tunnel release 4. Status post right shoulder surgery from 09/13/2013. Lumbar discopathy According to this report the patient complains of persistent pain in the cervical spine that radiates to the upper extremities. She reports associated headaches. Some residual pain was noted in the shoulders, the right side greater than the left, with some swelling on the anterior aspect of the right shoulder that radiates up to her cervical spine. She reports persistent pain in the upper extremities. The examination shows the patient is well nourished, well-developed, in no acute distress. Cervical spine reveals paravertebral muscle spasms. Positive axial loading compression test and Spurling's maneuver is noted. There is well healed incision in the bilateral palmar creases consistent with bilateral carpal tunnel release. Standing flexion and extension are guarded and restricted. Dysesthesia noted in the lower extremities. The utilization review denied the request on 06/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints; Anti-inflammatory medications ; NSAIDs (non-steroidal anti-inflammatory).

**Decision rationale:** The MTUS guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume. But long-term use may not be warranted. The utilization review denied the request stating that the documentation provided does not identify significant functional/vocational benefit with the use of NSAIDs. The record shows that the patient was prescribed diclofenac sodium ER on 02/18/2014. The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function and improved quality of life. None of the 78 pages of records note functional improvement while utilizing Diclofenac sodium. Diclofenac sodium ER (Voltaren SR) 100mg #120 is not medically necessary.

**Ondansetron 2mg ODT #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ondansetron-and-dextrose.html> Indications and Usage for Ondansetron and Dextrose

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG On Ondansetron (Zofran®): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain. ODG guidelines have the following regarding Zofran (Ondansetron): Not rec

**Decision rationale:** The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines on ondansetron (Zofran) does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The patient was prescribed ondansetron on 02/18/2014 for pain and nausea. In this case, ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. Therefore, Ondansetron 2mg ODT #30 is not medically necessary.

**Orphenadrine citrate #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The MTUS guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. Furthermore, MTUS page 65 on orphenadrine states that this drug is similar to diphenhydramine, but has greater anti-cholinergic effects. The record does not show that the patient has tried Orphenadrine in the past. However, reports show that the patient has been using Flexeril, a muscle relaxant since 02/18/2014. Long-term use of muscle relaxants is not recommended by MTUS. Furthermore, the requested quantity exceeds MTUS recommendations for short course treatment. Therefore, Orphenadrine citrate #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 Opioids, long-term assessment Page(s): 78;88 and 89.

**Decision rationale:** For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month interval using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 02/18/2014. None of the 78 pages of records provide medication efficacy. The treater does not provide pain scales. No specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug seeking behaviors such as a urine drug screen. Tramadol ER 150mg #90 is not medically necessary.

**Sumatriptan succinate (unknown QTY):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a60116.html> Official Disability Guidelines (ODG) Head Chapter Triptans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Triptan ODG guidelines have the following regarding Triptans for headaches: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that

**Decision rationale:** This patient presents with cervical spine, shoulder, upper extremity pain and headaches. The treater is requesting sumatriptan. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines on triptans states that it is recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well-tolerated. Records show that the patient was prescribed Imitrex on 02/18/2014. There is no documentation of it's efficacy, and no specific documentation of migrainous headache or description of it. The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. None of the 78 pages of records document medication efficacy or functional improvement as it relates to the use of sumatriptan. Therefore, Sumatriptan succinate (unknown QTY) is not medically necessary.