

<b>Case Number:</b>	CM14-0118274		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47 year old male was reportedly injured on October 17, 2013. The mechanism of injury was noted as an altercation with an inmate while on duty. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, muscle spasm and positive straight leg raising. Diagnostic imaging studies were not reported. Previous treatment included physical therapy and multiple medications. A request was made for multiple medications and was not certified in the preauthorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73 of 127.

**Decision rationale:** As outlined in the MTUS Chronic Pain Guidelines, this medication is indicated for the signs and symptoms of osteoarthritis. The diagnoses were lumbar radiculopathy with lumbalgia. There was no clinical data presented to suggest an osteophyte in the lumbar

spine. Therefore, based on the clinical information presented for review, this is not medically necessary.

**Omeprazole 20mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This is a proton pump inhibitor indicated for the treatment of gastroesophageal reflux disease. This can also be considered a gastric protectorant. However, when noting the date of injury, the multiple follow-up evaluations and that there are no complaints of gastric distress, gastritis or gastrointestinal tract dysfunction, there is no clinical indication presented for the use of this medication. As such, this is not medically necessary.

**Ondansetron 8mg ODT #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), Treatment in Workers' Compensation (TWC), Pain Procedure Summary (updated 06/10/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated October, 2014

**Decision rationale:** As outlined in the Official Disability Guidelines (ODG), this is approved for nausea/vomiting secondary to chemotherapy, radiation therapy, and postoperatively. None of these clinical situations is noted to exist. Furthermore, there are no complaints of nausea or vomiting in the progress notes presented for review. Therefore, there is no medical necessity established.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** This medication is noted to be a centrally acting synthetic opioid analgesic not recommended for first line intervention. Furthermore, as outlined in the MTUS Chronic Pain Guidelines, the medication should be used as lowest possible dose that allows for increase in functionality and decrease in pain. Based on the multiple progress notes presented for review, there has not been any increase in functionality or decrease in the pain complaints. Therefore,

there is no efficacy or utility associated with the use of this medication. As such, the medical necessity cannot be established.

**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 Page(s): 65 of 127.

**Decision rationale:** Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anticholinergic effects and central nervous system (CNS) penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to Gabapentin for those who are intolerant of the Gabapentin side effects. This medication has an abuse potential due to a reported euphoric and mood elevating effect and therefore should be used with caution as a second line option for short term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the MTUS Chronic Pain Guidelines' recommendations that this be utilized as a second line agent, the request is deemed not medically necessary.

**Terocin patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

**Decision rationale:** The MTUS Chronic Pain Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepileptic medications. Review of the available medical records fails to document signs or symptoms consistent with neuropathic pain, or any pathology that would suggest a neuropathic pain generator or a trial of first line medications. As such, this request is not medically necessary.