

<b>Case Number:</b>	CM14-0119731		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/18/2000
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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 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:

This is a 42-year-old female with a 6/28/00 date of injury; the mechanism of the injury was not described. The patient underwent anterior cervical discectomy and fusion on 3/31/2006 and left shoulder arthroscopy with subacromial decompression and Mumford resection in 05/2009. The patient was seen on 6/6/13 with complaints of increasing pain in the right shoulder and continued pain in the cervical spine. Exam findings of the cervical spine revealed well-healed anterior scar, tenderness at the paravertebral muscles and upper trapezial muscles with spasm. The examination of the shoulders revealed tenderness, positive impingement and Hawkins's sign in the right shoulder and pain with motion. The Primary Treating Physician's Request for Authorization dated 6/21/14 documented the request for: Diclofenac Sodium #120 for inflammation and pain; omeprazole DR 20 mg#120 for the patient's epigastric pain and stomach upset while using NSAIDs; Ondansetron 8mg #30 for the patient's nausea associated with headaches; Orphenadrine Citrate ER 100mg #120 for spasms and sleep aid and Tramadol ER 150 mg #90 for acute severe pain. The diagnosis is cervicalgia, shoulder pain and status post cervical fusion and shoulder arthroscopy. Treatment to date includes physical therapy, acupuncture, cortisone injections, medications and work restrictions. An adverse determination was received on 6/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS).

**Decision rationale:** MTUS Guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is not clear for how long the patient was using Diclofenac Sodium. There is a lack of documentation indicating objective gains with the previous treatment, possible side effects and documented reduction on the pain scores. Therefore, the request is not medically necessary.

**Omeprazole 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

**Decision rationale:** MTUS Guidelines and the FDA support proton pump inhibitors (PPIs) in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, used in treating reflux esophagitis and peptic ulcer disease. The Primary Treating Physician's Request for Authorization dated 6/21/14 indicated that the Omeprazole was requested for the patient's epigastric pain and upset stomach while using NSAIDs. It is not clear for how long the patient has been using Omeprazole. There is no rationale with regards to objective gains with the previous treatment, dose reduction or side effects. In addition, it is not clear if the patient suffers from GERD, gastritis or gastric or duodenal ulcers. Therefore, the request is not medically necessary.

**Ondansetron 8mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron).

**Decision rationale:** The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. The Primary Treating Physician's Request for Authorization dated 6/21/14 stated that the Ondansetron was requested for the patient's nausea associated with headaches. However, it is not apparent the patient's nausea was due to chemotherapy, radiotherapy or recent anesthesia. Therefore, the request is not medically necessary.

**Orphenadrine Citrare 100 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation indicating that the patient suffers from muscle spasms. It is not clear for how long the patient was using Orphenadrine Citrare and any objective functional gains were not documented. Therefore, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opiates Page(s): 113; 78-81.

**Decision rationale:** MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2000 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.