

<b>Case Number:</b>	CM14-0121602		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of May 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 2, 2014, the claims administrator retrospectively denied a request for Diclofenac, Omeprazole, Ondansetron, Orphenadrine, and Tramadol. The applicant's attorney subsequently appealed. Several of the articles at issue were endorsed via a June 27, 2014 prescription form/RFA form, in which Voltaren, Orphenadrine, Ondansetron, Omeprazole, and Tramadol were renewed through usage of preprinted checkboxes. No narrative commentary or applicant-specific rationale was attached. In a May 19, 2014 handwritten note, the applicant was given a knee corticosteroid injection owing to ongoing complaints of low back and knee pain. The applicant was returned to regular duty work. The note was very difficult to follow. There was no explicit discussion of medication efficacy or medication selection. The attending provider suggested that the applicant return to regular duty work (on paper), it was not clearly stated whether the applicant was in fact working or not.

### 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) 100 Mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 7, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has seemingly failed to incorporate any explicit discussion of medication efficacy insofar as Diclofenac or any of the other medications in question are concerned in his handwritten May 19, 2014 progress note. It was not clearly stated whether or not ongoing usage of Diclofenac was proving efficacious here. Therefore, the request was not medically necessary.

**Omeprazole 20 Mg # 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 NSAIDS, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the handwritten progress note on file contained no explicit discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Ondansetron 8 Mg ODT # 30 X 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary - Antiemetics (for opioid nausea)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration (FDA), Ondansetron Medication Guide Page(s): 7-8.

**Decision rationale:** While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron (Zofran)

is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there was no mention of the applicant having had any recent cancer chemotherapy, radiation therapy, and/or surgery. The attending provider, furthermore, did not clearly state for what purpose Ondansetron was being employed here. There was no mention of any symptoms of nausea or vomiting evident on the May 19, 2014 progress note, referenced above. Therefore, the request was not medically necessary.

**Orphenadrine Citrate ER 100 Mg (Norflex) # 120;: Upheld**

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

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

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine (Norflex) are indicated for short-term use, for acute exacerbations of chronic low back pain, the request, as written, for Orphenadrine #120 implies chronic, long-term, and scheduled usage of the same. Such usage is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's handwritten progress did not contain any applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic..

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tramadol usage in his handwritten progress note. Therefore, the request was not medically necessary.