

<b>Case Number:</b>	CM14-0124818		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old male with a 4/25/12 date of injury. He developed the gradual onset of pain in his neck throughout the course of his career in law enforcement. According to a progress report dated 6/2/14, the patient complained of constant dull pain in the back that radiated into the lower extremities. The patient's pain was improving and rated 5/10. He also complained of constant sharp pain in the cervical spine that radiated into the upper extremities. He had associated headaches that were migrainous in nature and tension between the shoulder blades. Objective findings: palpable lumbar and cervical paravertebral muscle tenderness with spasm, guarded and restricted lumbar spine range of motion, limited cervical range of motion. Diagnostic impression: cervical discopathy, carpal tunnel/double crush syndrome, lumbar discopathy with radiculitis. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/14/14 denied the requests for Diclofenac, Omeprazole, Ondansetron, Orphenadrine, and Tramadol ER. Regarding Diclofenac, this medication is an "N" drug on the ODG formulary. There is no documentation of trialed and failed "Y" drugs or documentation that this medication is superior to a "Y" drug in this class. Regarding Omeprazole, with lacking evidence of gastrointestinal complaints, as well as non-approval of NSAID use on this review, the medical necessity of the requested medication is not established. Regarding Ondansetron, there is no documentation that the patient is having episodes of nausea and/or vomiting. Regarding Orphenadrine, cited guidelines do not recommend long term use of this medication. While previous use of Cyclobenzaprine is documented, it is not noted that this medication has failed. Regarding Tramadol ER, though the current medication is subjectively reported to improve pain, there is no supporting evidence of objective functional improvement.

### 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 NSAID's (non-steroidal anti-inflammatory). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS states 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. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. In the reports reviewed, there is no documentation that the patient has had a trial and failed a first-line NSAID. In addition, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Diclofenac Sodium ER (Voltaren SR) 100 mg # 120 was not medically necessary.

**Omeprazole 20 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors 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, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient was prescribed Omeprazole to prevent GI complications from NSAID use. However, because the request for the NSAID, Diclofenac, was not found to be necessary, this associated request cannot be substantiated. Therefore, the request for Omeprazole 20 mg #120 was not medically necessary.

**Ondansetron 8 mg #30: Upheld**

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

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

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is noted that Ondansetron has been prescribed for nausea from analgesic medications. However, the FDA does not support Ondansetron for this use. In the reports provided for review, there is no documentation that the patient has complaints of nausea and/or vomiting. Therefore, the request for Ondansetron 8mg #30 was 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 Page(s): 63-66.

**Decision rationale:** CA 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. In the reports provided for review, there is no documentation as to how long the patient has been taking Orphenadrine. Guidelines do not support the long term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation of the patient's pain. Therefore, the request for Orphenadrine Citrate #120 was not medically necessary.

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

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

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

**Decision rationale:** CA 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol ER 150mg #90 was not medically necessary.