

<b>Case Number:</b>	CM14-0130996		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Medicine and is licensed to practice in California & 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 injured worker is a 51 year old male who is reported to have developed focal right low back pain as a result of exiting his squad car on 09/07/12. Records indicate that the injured worker has undergone numerous chiropractic treatments and was provided oral medications over the past 2 years. Radiographs performed on 09/14/12 note disc space narrowing with spurs at L1-2 and L5-S1. He was referred for an EMG/NCV of the bilateral lower extremities on 01/09/13. This study is reported to be negative. The injured worker continues to complain of low back pain with radiation to the lower extremities. On examination dated 07/11/14, he is noted to have joint line tenderness and a positive McMurray's with crepitus involving the left knee. On examination of the lumbar spine, there is a positive sitting root with decreased lumbar range of motion. Strength and sensation are reported as normal. The record includes a utilization review determination dated 07/23/14 in which requests for diclofenac sodium ER 100mg #120, omeprazole DR 20mg #120, ondansetron ODT 8mg #30, orphenadrine citrate ER 100mg #120 and tramadol ER 150mg #90 were non-certified.

### 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 NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** The request for diclofenac sodium er 100mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained a lumbar strain as a result of attempting to exit his vehicle. He has undergone extensive chiropractic treatment. There is no clinical indication to at maintain the injured worker on this medication. The records as provided do not indicate that the injured worker receives any substantive benefit from this medication profile. There is no documentation of functional improvements. While there is evidence that the injured worker has osteoarthritis of the left knee, it is unclear if this is related to the lumbar strain. Therefore, based on the submitted clinical information, the request is not medically necessary.

**Omeprazole DR 20mg #120:** Upheld

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

**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, Proton Pump Inhibitors

**Decision rationale:** The request for omeprazole dr 20mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has been maintained on oral medications for almost 2 years. The record provides absolutely no data to establish that the injured worker has medication or NSAID induced gastritis for which this medication would be indicated. As such, the request is not medically necessary.

**Ondansetron ODT 8mg #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, Treatment for Workers Compensation, Anti-emetics for opioid nausea.

**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, Antiemetic Medications.

**Decision rationale:** The request for ondansetron odt 8mg #30 is not supported as medically necessary. The submitted clinical records provide absolutely no data which establishes that the injured worker has side effects from his oral medications. There is no documentation of nausea or vomiting. There is no indication that other antiemetic medications have trialed prior to the request for ondansetron. As such, the request is not medically necessary.

**Orphenadrine Citrate ER 100mg #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 Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-66.

**Decision rationale:** The request for orphenadrine citrate er 100mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic complaints of low back pain. There are no documented myospasms on physical examination for which this medication would be indicated. As such, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for tramadol er 150mg #90 is not supported as medically necessary. The records indicate that the injured worker has complaints of low back pain and left knee pain for the past 2 years. The record does not contain any data which indicates that the injured worker has a signed pain management contract. There is no documentation of functional benefits as a result of the use of this medication. At present, it is unclear if the injured worker is performing activities of work on modified duty. The request would not meet criteria per California Medical Treatment Utilization Schedule for the chronic use of opiate medications. Therefore the request is not medically necessary.