

<b>Case Number:</b>	CM14-0131966		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Medicine, and is licensed to practice in North Carolina. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 45-year-old with a reported date of injury of 08/26/2013. The patient has the diagnoses of shoulder pain. Per the progress notes provided by the primary treating physician dated 07/30/2014, the patient had complaints of constant pain in the left shoulder aggravated by motion and rated an 8/10. The physical exam noted tenderness around the anterior glenohumeral region and subacromial space, Hawkins' and impingement tests were positive, pain with internal rotation and forward flexion with no instability of the joint. The treatment plan consisted of waiting for shoulder surgery authorization and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120, one po 12h prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, Ibuprofen, Naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Per the progress notes, the PPI is being prescribed for GI protection while taking the NSAID. The patient has no risk factors mentioned above and no active GI complaints. The patient is not deemed to be at intermediate risk and thus the use of a PPI is not justified per the criteria listed above and the request is not medically necessary.

**Ondansetron 8 mg ODT #30, one prn no more than 2/day: 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 Chapter; Antiemetics (for opioid nausea).

**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 durg monogram/product insert.

**Decision rationale:** Neither the California MTUS nor the ACOEM specifically address the requested medication. The FDA monogram/product information states the medication has the indication for treatment of and prevention of nausea and vomiting caused by cancer drug treatment, radiation therapy and post-surgery. Per the progress notes provided, the patient has been prescribed this medication to treat the nausea associated with chronic headaches. There is no mention of more traditional anti-nausea medication such as Phenergan or Compazine being tried with failure. The patient also does not have the diagnoses that the requested medication is intended for per the FDA approved indications. For these reason the request is not medically necessary.

**Cyclobezaprine Hydrochloride tablets 7.5MG, #120 po q8h/prn: 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 MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Per the guideline recommendations, this medication is not intended nor recommended for long-term use by the patient. There is no reasoning given by the treating physician why the use of the medication should exceed guideline recommendations. The medication is not being prescribed for acute exacerbation of pain. For these reason the medication is not medically necessary.

**Tramadol ER 150mg #90, once a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on Tramadol states: Tramadol: A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. The patient has been taking this medication for longer than the three-month guideline recommendation. There is also no documentation of outcome measures as recommended in the opioid section of the California MTUS. In the absence of such qualitative and quantitative outcome measures and the fact the medication has been used for greater than the recommended time period, the request is not medically necessary.