

<b>Case Number:</b>	CM14-0134170		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

According to progress report 04/02/2014, the patient presents with constant low back pain and neck pain. Examination revealed tenderness at the cervical and lumbar spine with spasm. Treater reports a decrease in range of motion and positive straight leg raise with terminal motion. The treater states the patient is pending lumbar spine surgery per AME. According to progress report 06/18/2014, the patient presents with constant cervical spine pain that radiates into the upper extremity with associated headaches. Pain is rated as 3/10 on a pain scale. The patient also complains of low back pain characterized as sharp. Examination of the cervical spine revealed tenderness to palpation in the paravertebral muscles with spasm. A positive axial loading compression test is noted and range of motion is limited. Lumbar spine examination revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive and range of motion is guarded and restricted. Sensation and strength show tingling and numbness in the lateral thigh. The treater is requesting for a refill of medications voltaren 100 mg #120, omeprazole 20 mg #120, ondansetron 8 mg #30, orphenadrine #120, and tramadol ER 150 mg #90. Utilization review denied the request on 07/17/2014.

### 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) 100mg #120 once a day with food as much as needed for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting for Diclofenac sodium ER 100 mg #120. Utilization review denied the request stating "given the date of injury, ongoing chronic NSAID use will not be supported." The MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain as a first line of treatment. The medical file provided for review does not discuss this medication. The Utilization review indicates that the patient has been taking NSAIDs on a long term basis. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given that there are no discussions of efficacy, the request is not medically necessary.

**Omeprazole 20mg #120, one (1) po 12h prn upset stomach:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting for a refill of omeprazole 20 mg #120 for "upset stomach." The MTUS Guidelines page 68 and 69 indicates that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been concurrently prescribed Naproxen and Prilosec since at least 02/17/2014. The patient has been taking NSAID on a long term basis, but the physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment therefore the request is not medically necessary.

**Ondansetron 8mg ODT #30, one (1) prn upset stomach/cramping/nausea. No more than two (2) a day:** 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, Antiemetics (for opioid use)

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The physician is requesting for Ondansetron 8 mg #30 for "upset stomach/cramping/nausea." The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines have the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opioid use. This medication is recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." It appears that the physician is requesting this medication for the patient's symptoms associated with taking medication. The ODG Guidelines do not support the use of Ondansetron other than for post-operative use therefore the request is not medically necessary.

**Orphenadrine Citrate #120, one (1) po q8h/prn pain and spasm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 63.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting for Orphenadrine citrate #120 for pain and spasm. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. This medication is not intended for long-term use and the physician is requesting #120 therefore the request is not medically necessary.

**Tramadol ER 150mg #90, once a day as needed for severe pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Tramadol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with continued neck and low back pain. The physician is requesting a refill of tramadol ER 150 mg #90 to be taken once a day as needed for severe pain. Review of the medical file indicates the patient has been taking this medication since at least 02/26/2014. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician does not provide outcome measures, specific functional improvement, changes in ADLs, or improvement in quality of life with taking Tramadol. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

