

<b>Case Number:</b>	CM14-0142026		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 reported an injury on 01/11/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 01/08/2014 indicated diagnoses of disc disorder of the lumbar and lumbago. The injured worker reported frequent pain in the low back, aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The injured worker characterized his pain as sharp that radiated into the lower extremities. The injured worker reported the pain was worsening and rated his pain 7/10. On physical examination of the lumbar spine there was tenderness to the paravertebral muscles with spasms, a positive seated nerve root test with range of motion that was guarded and restricted. The injured worker's treatment plan included medication refills. The injured worker's medication regimen included diclofenac, omeprazole, ondansetron, cyclobenzaprine, and tramadol. The injured worker's prior treatments included chiropractic therapy and medication management. The provider submitted a request for diclofenac, omeprazole, ondansetron, cyclobenzaprine, and tramadol. A request for authorization dated 07/28/2014 was submitted for the above medications. However, a rationale was not provided for review.

### 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 count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of documentation of efficacy and function improvement with the use of diclofenac. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate the frequency. Therefore, the request for Diclofenac sodium is not medically necessary.

**Omeprazole 20 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker had documentation for GI symptoms, there is a lack of documentation of gastrointestinal bleeding, perforations, or ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**Ondansetron 8 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran).

**Decision rationale:** The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker was nauseated or had vomiting. In addition, The Official Disability Guidelines do not recommend Zofran secondary to chronic opioid use. Furthermore, the request

does not indicate a frequency. Therefore, the request for Ondansetron is not medically necessary.

**Cyclobenzaprine hcl 7.5 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Although the injured worker reported muscle spasms, there was a lack of documentation of efficacy and functional improvement with the use of cyclobenzaprine. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency. Therefore, the request for cyclobenzaprine is not medically necessary.

**Tramadol 150 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Tramadol is not medically necessary.