

<b>Case Number:</b>	CM14-0142076		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/27/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported injury 11/27/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 07/10/2014 indicated diagnoses of cervicalgia, lumbosacral neuritis, and disc disorder of lumbar. The injured worker reported constant pain in the low back aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The injured worker characterized the pain as sharp with radiation of pain into the lower extremities. The injured worker reported the pain was improving and rated his pain level at 6/10. The injured worker reported constant pain in the cervical spine aggravated by repetitive motions of the neck to include pushing, pulling, lifting, forward reaching, and working at or above shoulder level. The injured worker characterized his pain as sharp with radiation of pain into the upper extremities. The injured worker reported headaches that were migrainous in nature as well as tension between the shoulder blades. The injured worker reported his pain 6/10. On physical examination of the cervical spine, there was tenderness at the paravertebral muscles with spasms, positive axial loading compression test with a positive Spurling's maneuver test. The injured worker's range of motion was limited with pain. The examination of the lumbar spine revealed tenderness to the paravertebral muscles with spasms, a positive seated nerve root test, and the injured worker had guarded range of motion that was restricted. The injured worker's treatment plan included medication refill and continued physical therapy. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Voltaren, cyclobenzaprine, Ondansetron, omeprazole, tramadol. The provider submitted a request for the above medications. A request for authorization dated 07/27/2014 was submitted for review to include a rationale.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac NA (Voltaren SR) 100mg #120:** Upheld

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

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

**Decision rationale:** The request for Diclofenac NA (Voltaren SR) 100mg #120 is not medically necessary. 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 lack of documentation of efficacy and functional improvement with the use of this medication. 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 diclofenac is not medically necessary.

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for Omeprazole 20mg #120 is not medically necessary. 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 reported gastrointestinal upset in the past, there is lack of documentation of efficacy and functional improvement with the use of omeprazole. In addition, the documentation submitted did not indicate the injured worker had gastrointestinal bleeding, peptic ulcers or perforations. Additionally, the request does not indicate a frequency; therefore, the request is not medically necessary.

**Ondansetron 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

**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 request for Ondansetron 8mg #30 is not medically necessary. 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 had nausea or vomiting. In addition, the Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**Cyclobenzaprine Hydrochloride Tablets 7.5mg #120:** Upheld

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

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

**Decision rationale:** The request for Cyclobenzaprine Hydrochloride Tablets 7.5mg #120 is not medically necessary. 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 acute exacerbations in the past, the documentation submitted did not indicate the injured worker had any acute exacerbations. However, the injured worker does report spasms. There is lack of documentation of efficacy in functional improvement with the use of cyclobenzaprine. 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 is not medically necessary.

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

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

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

**Decision rationale:** The request for Tramadol ER 150mg #90 is not medically necessary. The 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 is a lack of significant evidence of an objective assessment of the injured worker's functional status evaluation or risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing tramadol. Moreover, it was not indicated the injured worker had a signed opioid agreement. Furthermore, the request does not indicate a frequency. Therefore, the request for Tramadol is not medically necessary.

