

<b>Case Number:</b>	CM14-0145837		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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:

The injured worker is a 40 year old male with an industrial injury dated October 25, 2011 the description of the injury is not available. The diagnosis dated June 9, 2014 was Lumbago. The injured worker reported to primary care physician of constant pain in the low back that is aggravated by standing, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks noted in progress report on June 9, 2014. The pain was characterized as sharp with radiation into lower extremity and is unchanged. The physical exam of the lumbar spine was paravertebral muscle tenderness with spasm on palpation, guarding with standing flexion and extension and restricted. Treatment plan included request for an electromyogram (EMG) and nerve conduction study of the bilateral extremities and start chiropractic treatment per the primary care physician note dated for June 9, 2014. Only a single progress note was submitted for review. There were no other records of past treatments or past diagnostic studies. The request for service was dated August 1, 2014 with no rationale or other reports provided. The Utilization Review denied the request for Diclofenac Sodium ER (Voltaren SR) 100mg #120, Tramadol ER 150mg #90, Cyclobenzaprine Hydrochloride tablets 7.5mg #120, Omeprazole 20mg #120 and Ondansetron ODT 8mg #30 based on MTUS guidelines on August 8, 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Diclofenac is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no recent documentation of improvement or length of use of plan. Provided progress note is almost 2 months old. Diclofenac is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. MTUS guidelines recommend short term use of opioids. Documentation does not meet the appropriate documentation. There is no recent documentation of improvement or length of use of plan. Provided progress note is almost 2 months old. Tramadol is not medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg, # 120:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. There is no documentation by the provider about objective improvement in muscle spasms or proper monitoring of side effects. The number of tablet is does not meet MTUS recommendation for short term use and the number of requested tablets and refills is medically inappropriate. There is no recent documentation of improvement or length of use of plan. Provided progress note is almost 2 months old. Cyclobenzaprine is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. There is no documented to support either. There is no recent documentation of improvement or length of use of plan. Provided progress note is almost 2 months old. Omeprazole is not medically necessary.

**Ondasetron 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 (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 (Chronic), Antiemetics (for opioid nausea)

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guidelines (ODG), antiemetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation provided by treating physicians does not document why this was prescribed. There is no documentation of nausea. There is no recent documentation of improvement or length of use of plan. Provided progress note is almost 2 months old. Ondansetron is not medically necessary.