

<b>Case Number:</b>	CM14-0148195		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 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 patient is a 57 year old male who developed a cumulative trauma injury to his ankle, neck shoulders and back on 04/05/2013. Prior medication history included Atorvastatin, Fenofibrate, and aspirin. He has been treated conservatively with chiropractic therapy. The patient underwent discectomy in 2003. Progress report dated 06/30/2014 documented the patient to have complaints of constant cervical spine pain that becomes aggravated by repetitive motions of the neck. He reported radiation of pain into the upper extremities. He rated his pain as an 8/10. On exam, he had spasm and tenderness with positive axial loading compression test. Spurling's maneuver was also positive. Range of motion is limited by pain and there is numbness and tingling radiating into lateral forearm and hand. The shoulder revealed tenderness to palpation around anterior glenohumeral region and subacromial space. Hawkin's and impingement signs are positive. Rotator cuff function appeared intact albeit painful. Range of motion of the shoulder is restricted. The patient is diagnosed with cervical disc disorder and Joint derangement of the shoulder. Prior utilization review dated 08/18/2014 states the request for Diclofenac Sodium ER (Voltaren SR) 100 Mg #120 is not certified as medical necessity has not been established; Omeprazole 20 Mg #120 is not certified as there is a lack of documented evidence to support the request; Ondansetron 8mg ODT #30 is denied as there is a lack of documented evidence to support the request; Cyclobenzaprine Hydrochloride Tab 7.5 Mg #120 is denied as it is not recommended to be used on a long term basis; Tramadol ER 150 Mg #90 is denied as it not recommended to be used on a long term basis.

### 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: 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): 69-73.

**Decision rationale:** According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. In this case, the records show that the pain was rated 8/10. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use of this medication. It is not clear how long the IW has been taking this medication. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. Furthermore, long term use of NSAIDs may be associated with adverse effects such as raising the blood pressure, renal dysfunction and GI events. Therefore, the request for Diclofenac ER 100mg # 120 has not been established.

**Omeprazole 20 mg #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): 68-69.

**Decision rationale:** According to the CA MTUS, Omeprazole (Prilosec) "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the medical records do not establish the patient is at significant risk for GI events and do not document any gastrointestinal complaints. In absence of documented dyspepsia unresponsive to change of NSAID, or specific risk factors, the medical necessity of Omeprazole is not established in accordance with the CA MTUS guidelines.

**Ondansetron 8mg ODT #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, (for Opioid Nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ondansetron Other Medical Treatment Guideline or Medical Evidence:  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>

**Decision rationale:** Ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, for postoperative use and for gastroenteritis, none of which is the case here. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not medically necessary according to the guidelines.

**Cyclobenzaprine Hydrochloride tablets 7.5 mg #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 Page(s): 41. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682514.html>

**Decision rationale:** Per guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant (or non-adherent) drug-related behaviors. The guidelines also state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity of Ultram has not been established.