

<b>Case Number:</b>	CM14-0151167		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Pain Management 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 55-year-old male who sustained work-related injuries on July 8, 2011. He underwent magnetic resonance imaging scan of the lumbar spine on November 17, 2011. The findings noted that at T12-L1, there is partial dehydration of the disc. There is 3-mm anterior disc protrusion with encroachment on the anterior longitudinal ligament. At L1-2, there is irregularity of the disc and 3mm anterior disc protrusion with encroachment on the anterior longitudinal ligament. At L2-3, there is 2-mm posterior disc protrusion with touching of the thecal sac and 3-mm anterior disc protrusion with encroachment on the anterior longitudinal ligament. At L5-S1, there is decrease in height of the disc. There is 3-mm posterior disc protrusion with encroachment on the epidural fat, and more particularly on the foramina bilaterally. There is compromise of the exiting nerve roots. The most recent medical records dated July 31, 2014 notes the injured worker reported constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain was characterized as sharp with radiation into the upper extremities. There were associated headaches that are migrainous in nature as well as tension between the shoulder blades. The pain was rated at 7/10. He also complained of sharp low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks. The pain was noted to be worsening. He rated his pain level as 8/10. The cervical spine examination noted paravertebral muscle tenderness with spasm. The axial loading compression and Spurling's maneuver were positive. The range of motion was limited with pain. Tingling and numbness sensation was noted into the lateral forearm and hand, which was greater over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. There was 4/5 strength in the wrist extensors and flexors as well as biceps, triceps, and finger extensors, C6 and C7 and innervated muscles. The lumbar spine examination

noted paravertebral muscle tenderness with spasm. The seated nerve root test was positive. Standing flexion and extension were guard and restricted. Tingling and numbness sensation was noted in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. There is 4/5 strength in the extensor hallucis longus and ankle plantar flexors, L5 and S1 innervated muscles. He is diagnosed with lumbago and cervicalgia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #120:** 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; NSAIDs, specific drug list & adverse effects Page(s):.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, the injured worker should be determined if he is at risk for gastrointestinal events based on the criteria provided. He should be more than 65-years-old, has history of peptic ulcer, gastrointestinal bleeding or perforation, concurrently uses acetylsalicylic acid, corticosteroids, and/or an anti-coagulant, and has high dose/multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker has been authorized to receive the requested Voltaren 100mg #120 which is a non-steroidal anti-inflammatory drug. However, the dosage is not high. He also does not satisfy any of the aforementioned criteria in order to be authorized for the said medication. Moreover, there is no documentation of any gastrointestinal-related events. Therefore, the Omeprazole 20mg #120 is not medically necessary and appropriate.

**Ondanestron 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** According to Official Disability Guidelines, nausea and vomiting is common with the use of opioids which will tend to diminish over with continued exposure. It is not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines also indicate that this medication is Food and Drug Administration approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as post-operative use. A review of this injured worker's records indicates that he does not satisfy any of the above scenarios. Therefore, the Ondansetron 8mg #30 is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended only for a short-course therapy. The indicated dosage and quantity requested is for long-term usage. Moreover, there is no indication that the injured worker is experiencing an exacerbation of his symptoms. Therefore, the Cyclobenzaprine 7.5mg #120 is not medically necessary and appropriate.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, continued use of opioids as part of pain management is only recommended if there is documentation of significant decrease in pain levels and significant functional improvements. In this case, the pain level of this injured worker as per most recent records dated July 31, 2014 is rated at 8/10 for the low back and 7/10 for the cervical spine. However, it is stated that the pain level remained unchanged and there are no other records wherein the pain level scores of this injured worker can be used for comparison. Therefore, due to insufficient information regarding the efficacy of tramadol with prior visits as well as the injured worker's pain level remains unchanged then the Tramadol ER 150mg #90 is not medically necessary and appropriate.