

<b>Case Number:</b>	CM14-0151702		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational 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 claimant was injured due to cumulative trauma from 06/19/70 through 01/05/13. Diclofenac, omeprazole, ondansetron, cyclobenzaprine, and tramadol ER are under review. The diagnoses include cervical/lumbar discopathy, carpal tunnel/double crush syndrome, and rule out internal derangement of the shoulders. The claimant has ongoing neck, back, and shoulder pain and was also diagnosed with plantar fasciitis. cervical spine pain radiating to the upper extremities and also headaches that are migrainous in nature as well as tension between the shoulder blades. The most recent note is dated 05/19/14. He had constant cervical and lumbar spine pain with radiation to the left shoulder more than right shoulder. He had tenderness with positive impingement. His medications were refilled. He had an AME follow-up evaluation on 04/02/14. He received an impairment rating. The claimant was taking famotidine at that time but there is no other documentation of gastrointestinal complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER one 1 QD #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, Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of diclofenac 1 daily for the claimant's reported ongoing pain. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is no evidence of osteoarthritis of any joints or acute exacerbations of low back pain for which this medication is being used. There is no evidence of significant chronic inflammation for which this type of medication appears to be reasonable. There is no documentation of trials of other first line medications including acetaminophen. The claimant has received medication refills but his medications are not listed in the records on a regular basis. His pattern of use of this medication is unclear, including what objective measurable and/or functional benefit he gets from its use. The continued use of diclofenac ER 1 qd #120 is not medically necessary.

**Omeprazole 20mg one 1 q12hrs #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole, Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for omeprazole 20 mg 1 q 12 hours #120. The MTUS state regarding PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of gastrointestinal symptoms or conditions or other evidence of increased risk to support the continued use of this medication. The medical necessity of this request has not been clearly demonstrated.

**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, Pain, Antiemetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2014. Ondansetron

**Decision rationale:** The history and documentation do not objectively support the request for ondansetron 8 mg ODT #30. The MTUS and ODG do not address its use. The PDR recommend this medication for nausea and vomiting related to chemotherapy or postoperative recovery. There is no evidence of symptoms of nausea or vomiting in the records. The medical necessity of the use of ondansetron 8 mg ODT #30 has not been clearly demonstrated.

**Cyclobenzaprine Hydrochloride 7.5mg one 1 q8hrs #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine, Page(s): page 74.

**Decision rationale:** The history and documentation do not objectively support the request for cyclobenzaprine 7.5 mg 1 q 8 hours #120. The MTUS state for cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days ... A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records submitted do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for cyclobenzaprine 7.5 mg 1 q 8 hours #120 is not medically necessary.

**Tramadol ER 150mg one 1 QD #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, Page(s): , page 145.

**Decision rationale:** The history and documentation do not objectively support the request for tramadol ER 150 mg 1 daily #90. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen, antidepressants, anti-inflammatories. The expected benefit to the claimant and specific indications for the continued use of this medication have not been stated. The medical necessity of tramadol has not been clearly demonstrated.

