

<b>Case Number:</b>	CM14-0160084		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & 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 injured worker is a 36-year-old female who reported an injury on 11/05/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical sprain; lumbar sprain of both shoulders, elbows and wrists; and status post open reduction internal fixation. The previous treatments included medication and surgery. Within the clinical note dated 07/16/2014, it was reported the injured worker complained of neck and low back pain. She complained of pain in both shoulders, elbows, wrists and hands. The injured worker reported the pain in her neck radiated to her shoulders and is intermittent. Upon the physical examination, the provider noted that there was tenderness noted in the posterior aspect of the neck. There was radiating pain to the injured worker's shoulder. The range of motion was cervical flexion at 50 degrees, and extension at 60 degrees. Upon examination of the shoulders the provider noted tenderness over the base and posterior aspect of the bilateral shoulders with associated neck pain. The provider indicated the injured worker had no tenderness of the lumbar spine. The range of motion for the lumbar spine was noted to be flexion at 60 degrees and extension at 20 degrees. The request submitted is for Cyclobenzaprine Hydrochloride, Ondansetron ODT, Omeprazole, and Tramadol Hydrochloride. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Ondansetron ODT 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zofran

**Decision rationale:** The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating that the efficacy of the medication is evidenced by significant functional improvement.

**Omeprazole Delayed Release 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 GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the clinical documentation did

not indicate the injured worker had diagnoses of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of the urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.