MAXIMUS Federal Services

| Case Number: | CM14-0165706 | | |
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| Date Assigned: | 10/10/2014 | Date of Injury: | 04/19/2002 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 52 years old female with an injury date on 04/19/2002. Based on the 08/12/2014 progress report provided by [redacted], the diagnoses are:1. Low back pain2. Lumbar disc displacement3. Lumbar radiculopathy4. Morbid obesityAccording to this report, the patient complains of constant sharp, stabbing and burning low back pain that radiates to legs. Numbness, paresthesias, and weakness are also noted. Pain is rated at a 7-8/10. Physical exam reveals tenderness over the lumbar paraspinal muscles, bilaterally. Atrophy is present in the quadriceps area. Lumbar range of motion is limited secondary to pain. Sensory to light touch is decreased on the lateral thigh, bilaterally. Patient's treatment history includes lumbar epidural that provides greater than 50-60% relief of pain. There were no other significant findings noted on this report. The utilization review denied the request on 09/09/2014. [redacted] is the requesting provider, and he provided treatment reports from 04/01/2014 to 08/12/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines);Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** According to the 08/12/2014 report by [redacted] this patient presents with constant sharp, stabbing and burning low back pain that radiates to legs. The treating physician is requesting Omeprazole 20 mg # 90 but the treating physician's report and request for authorization containing the request is not included in the file. Omeprazole was first mentioned in the 04/01/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. Review of the 04/01/2014 report shows the patient is "off NSAID and her stomach is a little better." The patient's diagnosis included "acute gastritis." There are no other references to this medication. PPI's can be used either for prophylactic use concurrent with oral NSAIDs when proper GI assessment is provided, or for GERD, gastritis conditions. This patient has gastritis which appears to have developed from oral NSAIDS. It may be reasonable to continue PPI for a few months before stopping the medication given the patient's persistent GI symptoms. This request is medically necessary.

**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 ODG (Official Disability Guidelines); Ondansetron

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

**Decision rationale:** According to the 08/12/2014 report by [redacted] this patient presents with constant sharp, stabbing and burning low back pain that radiates to legs. The treating physician is requesting Ondansetron 8mg ODT #30 but the treating physician's report and request for authorization containing the request is not included in the file. Ondansetron was first mentioned in the 04/01/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." This patient has been prescribed Ondansetron for long-term use. Ondansetron is only recommended for post-op nausea per ODG. This request is not medically necessary.

**Cyclobnezaprine Hydrochloride tab 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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 64 AND 63.

**Decision rationale:** According to the 08/12/2014 report by [redacted] this patient presents with constant sharp, stabbing and burning low back pain that radiates to legs. The treating physician is requesting Cyclobenzaprine Hydrochloride tab 7.5 mg #120 but the treating physician's report and request for authorization containing the request is not included in the file. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the patient has been on Cyclobenzaprine Hydrochloride since 04/01/2014 and the treating physician is requesting Cyclobenzaprine Hydrochloride #120. This medication is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, this request is not medically necessary.