

<b>Case Number:</b>	CM14-0180905		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

This is a 48-year-old female with an 11/1/01 date of injury. The most recent progress report provided for review is dated 5/26/12. The UR decision dated 10/3/14 referred to a report from 9/13/12; however, this report was not provided for review. The patient complained of persistent right knee pain. There was continued symptomatology in the cervical spine and lumbar spine, as well as unchanged symptomatology in the right shoulder. The patient's medication regimen consisted of naproxen, omeprazole, ondansetron, cyclobenzaprine, Cidaflex, and Medrox ointment. Objective findings: tenderness at cervical paravertebral muscles, limited cervical range of motion, tenderness and pain with terminal motion of right shoulder, tenderness from mid to distal lumbar segments, pain with terminal motion of lumbar spine, tenderness at the right knee joint line and a positive patellar compression test. Diagnostic impression: cervical discopathy, right shoulder internal derangement, lumbar discopathy, right knee internal derangement. Treatment to date: medication management, activity modification. A UR decision dated 10/3/14 denied the requests for cyclobenzaprine, ondansetron, omeprazole, Medrox, and Cidaflex. Regarding cyclobenzaprine, there is no evidence of spasms and objective functional gains supporting the reported subjective improvement. In addition, long-term use of muscle relaxants is not supported by guidelines. Regarding ondansetron, there is no evidence of nausea and/or vomiting. Regarding omeprazole, there is no evidence of gastrointestinal complaints, as well as objective functional gains with medication use. Regarding Medrox, there is no evidence of objective functional benefit, failed trials of oral anticonvulsants and antidepressants, as well as evidence of intolerance and unresponsiveness to all other treatments. Regarding Cidaflex, there is no evidence of objective functional benefit supporting the subjective improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride Tablets 7.5mg #120 DOS 09/13/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long the patient has been taking cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, there is no documentation of subjective complaints or objective findings indicative of spasms. Therefore, the request for Cyclobenzaprine Hydrochloride Tablets 7.5mg #120 DOS 09/13/12 is not medically necessary.

**Ondansetron ODT Tablets 8mg #30 x 2 DOS 09/13/12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Zofran/Ondansetron

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron)

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. However, in the present case, there is no documentation that this patient has complaints of nausea and/or vomiting. In addition, there is no documentation that she is undergoing cancer chemotherapy, radiation therapy, or surgery. Therefore, the request for Ondansetron ODT Tablets 8mg #30 x 2 DOS 09/13/12 is not medically necessary.

**Omeprazole Delayed Release Capsules 20mg #120 DOS 09/13/12: Overturned**

**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 9792.24.2 NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. However, in the present case, according to the 9/13/12 report, the patient was noted to be taking naproxen. Guidelines support the use of proton pump inhibitors for prophylaxis from NSAID-induced gastritis. Therefore, the request for Omeprazole Delayed Release Capsules 20mg #120 DOS 09/13/12 is medically necessary.

**Medrox Pain Relief Ointment 120gm x 2 DOS 09/13/12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Regarding Medrox, a search of online resources identifies Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. A specific rationale identifying why this Medrox would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Medrox Pain Relief Ointment 120gm x 2 DOS 09/13/12 is not medically necessary.

**Cidaflex Tablets #120 09/13/12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Glucosamine Page(s): 50.

**Decision rationale:** CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, in the present case, there is no documentation that this patient has a diagnosis of arthritis. There is no documentation of objective functional improvement from the patient's use of this medication. Therefore, the request for Cidaflex Tablets #120 09/13/12 is not medically necessary.