

<b>Case Number:</b>	CM14-0211716		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 51 year-old male with a date of injury of February 26, 2013. The patient's industrially related diagnoses include low back pain with bilateral lumbar radiculopathy left greater than right, lumbar spinal stenosis L3-L4 with bilateral neuroforaminal stenosis, herniated nucleus pulposus at L4-L5, degenerative lumbar disk disease, facet arthropathy at L5-S1, and paracentral disk herniation with extrusion at L4-L5. The disputed issues are Omeprazole 20mg Qty 120, Ondansetron 8mg ODT Qty 30, Cyclobenzaprine Hydrochloride 7.5mg Qty 120, and Tramadol ER 150mg Qty 90. A utilization review determination on 11/25/2014 had noncertified these requests. The stated rationale for the denial of Omeprazole was: "The report states this is being prescribed the patient for gastrointestinal symptoms. There are no gastrointestinal complaints of gastrointestinal diagnose. Patient is prescribed an NSAID that there is no documentation that this patient is at any increase risk for gastrointestinal side effects to NSAIDs.... In this setting, MTUS guidelines do not support use of omperazole/Prilosec. Not approved." The stated rationale for the denial of Ondansetron was: "As noted above, there is no documentation of any nausea or vomiting. Patient is not postoperative or receiving cancer chemotherapy or radiating. Therefore, the Zofran is not considered to be medically necessary." The stated rationale for the denial of Cyclobenzaprine was: "MTUS guidelines only support short-term 2-three week use of nonsedating muscle relaxants as an option for treatment of flareups of chronic low back pain, not documented here. Patient has been prescribed this since at least June 5, 2014. This is not approved based upon the available information." Lastly, the stated rationale for the denial of Tramadol ER was: "This is an extended-release opioid

analgesic. There is no documentation of any failure of first-line analgesics. There is no documentation that this patient requires around-the-clock opioid level analgesic. Not approved based on the available information."

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

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

**Omeprazole 20mg Qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** With regard to the request for Omeprazole 20mg, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Although there is documentation that he is taking Naproxen, there was no evidence of GI side effects with its use, therefore there is no indication for use of Omeprazole. In light of the above issues, the currently requested Omeprazole 20mg #120 is not medically necessary.

**Ondansetron 8mg ODT Qty 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), Chronic Pain Chapter, Antiemetics

**Decision rationale:** With regard to the request for Ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the injured worker has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the progress reports provided for review. In the absence of clarity regarding these issues, the currently requested Ondansetron 8mg ODT #30 is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg Qty 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 Page(s): 63-66 of 127.

**Decision rationale:** With regard to the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit with the use of the Cyclobenzaprine and physical exam demonstrates 2+ spasms on the back exam. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the medication has been prescribed since at least 7/31/2014. As such, the requested Cyclobenzaprine 7.5mg #120 is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** With regard to the request for Tramadol ER, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the progress report dated 11/3/2014, the provider documented that the injured worker stopped taking Tramadol due to side effects of skin rash. A urine drug screen performed that day was negative for Tramadol, which was consistent with the injured worker's report of discontinuing of the medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol ER 150mg #90, is not medically necessary.