

<b>Case Number:</b>	CM14-0211825		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 45-year-old gentleman with a date of injury of 12/16/2013. A treating physician note dated 10/29/2013 identified the mechanism of injury as head trauma by another person causing the worker to fall, resulting in pain in the head, back, and right arm. This note and treating physician note dated 10/28/2014, 10/29/2014, and 11/19/2014 indicated the worker was experiencing headaches, sensitivity to sound, ear pain and ringing that subsequently resolved, lower back pain that went into the left leg with numbness and tingling, problems sleeping, and dizziness. Documented examinations consistently described tenderness in the lower back and where the lower back meets the pelvis, positive nerve root testing, tenderness at the base of the head and in the upper back, and positive upper back loading compression testing. The submitted and reviewed documentation concluded the worker was suffering from lumbar discopathy and strain; cervicalgia; and post-traumatic head syndrome with headache, lightheadedness, memory problems, and right arm weakness and decreased sensation. Treatment recommendations included medications, physical therapy, and follow up care. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for nine tablets of sumatriptan succinate 25mg to be taken at the onset of a headache and repeated two hours later if needed, ninety tablets of tramadol-ER 150mg daily as needed for severe pain, 120 tablets of cyclobenzaprine hydrochloride 7.5mg taken one tablet orally every eight hours as needed for pain and spasm, thirty tablets of ondansetron 8mg taken as one tablet orally as needed for nausea or cramping up to twice daily, and 120 tablets of omeprazole 20mg take one tablet as needed twice daily for an upset stomach. A brain MRI report dated 03/20/2014 was also reviewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg, 1 tab P.O., Q12H, P.R.N upset stomach #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 NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omeprazole: Drug information. Topic 9718, version 148.0. UpToDate, accessed 02/14/2015.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from post-cervical laminectomy syndrome, cervicgia, degenerative changes of cervical disks, cervical facet joint pain, medication-induced GERD, brachial neuritis or radiculitis, drug-induced constipation, and an abnormal skin sensation. There was no discussion suggesting the worker had symptoms or findings consistent with any of the above conditions or describing special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for 120 tablets of omeprazole 20mg take one tablet as needed twice daily for an upset stomach is not medically necessary.

### **Ondansetron 8mg, 1 tab, P.O. P.R.N upset/cramping/nausea(no more than2/day) #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 (ODG), Pain Chapter; Ondansetron (Zofran), ODG, PainChapter; Antiemetics

**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: Ondansetron: Drug information. Topic 9719, version 136.0. UpToDate, accessed 02/14/2015.

**Decision rationale:** Ondansetron is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after

surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. The submitted and reviewed documentation concluded the worker was suffering from lumbar discopathy and strain; cervicalgia; and post-traumatic head syndrome with headache, lightheadedness, memory problems, and right arm weakness and decreased sensation. There was no discussion suggesting the worker had symptoms or findings consistent with any of the above conditions. In the absence of such evidence, the current request for thirty tablets of ondansetron 8mg taken as one tablet orally as needed for nausea or cramping up to twice daily is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg 1 tab, P.O. Q8H P.R.N painand spasm #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 Page(s): 63-66.

**Decision rationale:** Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was suffering from lumbar discopathy and strain; cervicalgia; and post-traumatic head syndrome with headache, lightheadedness, memory problems, and right arm weakness and decreased sensation. These records suggested the worker had been taking this medication long-term. There was no report that the worker was having a new flare of lower back pain, and there was no discussion detailing special circumstances that sufficiently supported the use of cyclobenzaprine in this setting. In the absence of such evidence, the current request for 120 tablets of cyclobenzaprine hydrochloride 7.5mg taken one tablet orally every eight hours as needed for pain and spasm is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

**Tramadol ER 150mg QD P.R.N severe pain #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Tramadol-ER is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records concluded the worker was suffering from lumbar discopathy and strain; cervicgia; and post-traumatic head syndrome with headache, lightheadedness, memory problems, and right arm weakness and decreased sensation. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication, an individualized risk assessment was not provided, and there was no documented exploration of potential negative effects. In the absence of such evidence, the current request for ninety tablets of tramadol-ER 150mg daily as needed for severe pain is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

**Sumatriptan Succinate 25mg to be taken at onset of headache and repeat 2 hours later, if needed #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter; Triptans

**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: Sumatriptan: Drug information. Topic 9968, version 113.0. UpToDate, accessed 02/14/2015. Bajwa ZH, et al. Acute treatment of migraine in adults. Topic 3347, version 33.0. UpToDate, accessed 02/14/2015.

**Decision rationale:** Sumatriptan is a medication in the serotonin receptor agonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the treatment of acute migraine or cluster headaches. The scientific literature supports its use with acute moderate to severe symptoms. Assessment of symptoms is important in selecting the best treatment, and benefit should be weighed against the risks on an individualized basis. Prevention of migraines should be considered for those with frequent or long-lasting symptoms and for those with significant debility related to symptoms. The submitted and reviewed documentation indicated the worker concluded the worker was suffering from lumbar discopathy and strain; cervicgia; and post-traumatic head syndrome with

headache, lightheadedness, memory problems, and right arm weakness and decreased sensation. A detailed description of the worker's symptoms, frequency of episodes, response to medication, frequency of medication use, and potential side effects was not recorded. There was no indication the use of this medication improved the worker's function. In the absence of such evidence, the current request for nine tablets of sumatriptan succinate 25mg to be taken at the onset of a headache and repeated two hours later if needed is not medically necessary.