

<b>Case Number:</b>	CM14-0032767		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 thirty year old female who sustained a work-related injury on July 21, 2007. A request for naproxen sodium 550 mg #100, omeprazole DR 20 mg #120, ondansetrom ODT 8 mg #60, cyclobenzaprine hydrochloride 7.5 mg #120, quazepam 15 mg #30, and Terocin patches #10 was noncertified by Utilization Review (UR) on February 18, 2014. A request for tramadol hydrochloride ER 150 mg #90 was modified to Tramadol Hydrochloride ER 150 mg up to #68 in Utilization Review on February 28, 2014. With regard to the request for Naproxen sodium, the UR physician determined that the injured worker had been using Naproxen sodium since August 2013 without any changes in symptomatology or objective findings despite the medication use. With regard to Omeprazole DR 20 mg #120, the UR physician determined that based on the submitted clinical documentation, the injured worker had no evidence of gastrointestinal risk factors or a history of long term use of NSAIDs. With regard to the request for Ondansetrom, the UR physician found that the injured worker had no complaints of either nausea or vomiting and the provider did not provide subjective or objective findings discussing a complaint of nausea or vomiting. With regard to the request for cyclobenzaprine hydrochloride 7.5 mg #120, the UR physician noted that the guidelines support a short course of muscle relaxant as a second line option for acute exacerbations in patient with chronic low back pain. The medical record reflected the use of multiple medications for chronic pain as well as evidence of a short course trial of the medication without benefit in August 2013. With regard to the request for quazepam, the guidelines do not recommend the drug due to the rapid development of tolerance and dependence and there appears to be little benefit for its use for the treatment of

spasms. The UR physician found that the guidelines do not support its use and the records do not reflect that the injured worker has spasms. With regard to the request for Terocin patches, the UR physician noted that the injured worker had evidence of neuropathic pain; however there was no evidence of a failed trial of antidepressants or anticonvulsants. With regard to the modification of Tramadol the UR physician determined that a slow taper was appropriate and modified the request to accommodate this taper. A request for Independent Medical Review was initiated on March 10, 2014. Documentation provided for IMR included medical evaluations from September 3, 2013 through February 4, 2014. A physician's report dated September 3, 2013 indicated that the injured worker cervical spine, right shoulder and lumbar spine remained unchanged. Medications included Naproxen Sodium, Cyclobenzaprine, Sumatriptan, Ondansetrom, Omeprazole, Quazepam, and Tramadol. The injured worker was evaluated on January 20, 2014 for complaints of low back pain with radiation to the lower extremities. The provider documented pain and myospasm to palpation in the right and left paravertebral area. On February 4, 2014, the evaluating physician noted that the injured worker had an unchanged examination of the right shoulder and cervical spine. She reported persistent pain in the neck, right shoulder and low back. Diagnoses associated with the evaluation included cervical discopathy with radiculitis, right shoulder impingement syndrome, positive L5-S1 discogram and status post lumbar interbody fusion of L5-S1.

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

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

**Prescription of Naproxen Sodium 550mg, #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 22  
Page(s): Anti-inflammatory medications.

**Decision rationale:** MTUS recommends anti-inflammatory medications as first-line treatment to reduce pain or improve function. A prior physician review recommended non-certification of Naproxen given lack of changes in symptoms or objective findings. However the records do document patient-reported subjective benefit from this treatment and MTUS does not require objective documentation of functional improvement to continue this class of medication. This request is medically necessary.

**Prescription of Omeprazole DR 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 NSAIDS/GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends GI prophylaxis for patients who have specific risk factors for gastrointestinal events. The records do not document such risk factors in this case. This request is not supported by the treatment guidelines. This request is not medically necessary.

**Prescription of Ondansetron ODT 8mg, #160: 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 (Chronic) Chapter, Antiemetics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information

**Decision rationale:** Ondansetron is approved by the FDA for nausea related to cancer chemotherapy or for immediate post-operative nausea. The records in this case do not document these circumstances nor another specific rationale for this medication. This request is not medically necessary.

**Prescription of Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** MTUS recommends muscle relaxants only for short-term use. The records in this case document use of cyclobenzaprine for more chronic use, which is not supported by treatment guidelines. The records do not provide an alternate rationale for this request. This request is not medically necessary.

**Prescription of Tramadol Hydrochloride ER 150mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/On-going Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale for which chronic opioid use is supported. Therefore this request is not medically necessary.

**Prescription of Quazepam 15mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS does not recommend benzodiazepines for chronic use. Risk factors include dependence and tolerance to anxiolytic effects. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**Prescription of Terocin Patches, #10: Upheld**

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

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

**Decision rationale:** MTUS notes that topical analgesics are largely experimental in use with few randomized controlled trials to demonstrate efficacy or safety. The records do not clearly document a rationale or proposed mechanism of action of its ingredients to support this request for Terocin. This request is not medically necessary.