

<b>Case Number:</b>	CM15-0005312		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Arizona

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 56-year-old female who reported an injury on 03/25/2014. She had been diagnosed with pain in the joint involving the shoulder region as well as lumbago. Her medications as of 12/2014 were listed as fenoprofen, omeprazole, ondansetron, and cyclobenzaprine, as well as Lunesta. She had restricted lumbar range of motion and tenderness over the lumbar spine with a positive sitting nerve root test. Although the injured worker complained of subjective pain with radiation down the lower extremities, as well as associated weakness, a previous request for these medications had been denied based on a lack of evidence including functional improvement or decreased symptoms. Her previous treatments included ice, heat application, and NSAIDs with her pain not having been improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 po Q12h #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The most recent clinical documentation did not indicate that the injured worker was at risk for developing gastrointestinal events either due to medication use or as a standalone symptom as indicated in the CAMTUS guidelines. There was documentation of a diagnosis of GERD or gastric episodes while using her current medications. Because this medication is not for prophylactic use, and with no stated rationale for the injured worker using this medication, the medical necessity of the omeprazole has not been established.

**Ondansetron 8mg 1 PRN #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

**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, Ondansetron (Zofran)

**Decision rationale:** According to the Official Disability Guidelines, the documentation did not specify that the injured worker had nausea or vomiting secondary to chronic opioid use. Without sufficient information of gastric symptoms related to prior narcotic administration/intake, the medication cannot be supported. Therefore, after review of the clinical documentation, the requested service was not considered a medical necessity.

**Cyclobenzaprine HDL tablet 7.5mg 1 po q8hr/prn #120:** Upheld

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

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

**Decision rationale:** Although the injured worker had been identified as having muscle spasms, the guidelines recommend only a short course of therapy not to exceed 3 weeks. The clinical documentation noted the injured worker had been utilizing the cyclobenzaprine for several months with no significant benefits identified in current examinations. Without positive results from the use of the medication, and with the injured worker having exceeded the recommended duration of use of Cyclobenzaprine, The request cannot be supported and is not medically necessary.

**Tramadol ER 150mg OD prn #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  
Page(s): 74-96.

**Decision rationale:** According to the California MTUS Guidelines, without documentation that the injured worker had failed the use of nonopioid analgesics, the requested service cannot be supported as a medical necessity. Additionally, the request indicates usage of at least 3 months timeframe with the guidelines indicating that injured workers should be reassessed after a short course of use to determine if a patient has received sufficient response for ongoing administration. Therefore, the request cannot be supported and is non-certified.

**Fenoprofen 400mg 1 TID #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The most recent clinical documentation did not indicate that the injured worker's prior use of this medication had been effective in reducing her symptoms. Additionally, there was a lack of ongoing vital signs to notate whether or not she was having any adverse effects related to her blood pressure to warrant ongoing use. Therefore, the request cannot be supported and is non-certified.