

<b>Case Number:</b>	CM15-0012895		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 42 year-old female who has reported widespread pain after an injury on May 10, 2013 and also of gradual onset while working in an office. The diagnoses have included joint pain of the knees, elbows, hands and right shoulder; lumbago and cervicalgia. Treatment from 4/30/13 to approximately December 2014 was provided by an orthopedic surgeon. Treatment included Norco, Voltaren, Lidoderm, Dendracin, Flexeril, Prilosec, acupuncture, and physical therapy. A report from August 2014 notes gastritis secondary to medication, symptoms of heartburn and stomach pain, with discontinuation of voltaren and referral to internal medicine for consultation due to gastritis. The injured worker was first evaluated by the current prescribing physician on 11/25/14. The symptoms included pain in the upper extremities, neck, back, right shoulder, and knees. Headaches were listed, with no specific details. The injured worker reported no benefit from prior treatment. Current medications were diclofenac and Motrin. The physical examination was notable for tenderness in the symptomatic areas. A steroid injection was given into the shoulder. Unspecified medications were stated to be medically necessary. There was no discussion of any specific medications or results of using prior medications. On December 24, 2014 Utilization Review non-certified Omeprazole 20mg #120, Ondansetron 8mg ODT #30, Tramadol ER 150mg #90, Sumatriptan Succinate 25mg #9 with 2 refills and Cyclobenzaprine Hydrochloride 7.5mg #120. Fenoprofen was certified. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which describe the indications for this medication, or which even mention this medication. One report notes heartburn and stomach pain with gastritis secondary to medication (voltaren) with discontinuation of voltaren and referral to internal medicine. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

**Ondansetron 8mg ODT #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ondansetron.html>

**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, Antiemetics (for opioid nausea)

**Decision rationale:** The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication per the available reports, and the only apparent indication is for nausea possibly related to chronic opioid intake (although this is speculation because the reports do not even mention this medication). The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of the reports even mention this medication. Function is not addressed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prior results of using opioids were not addressed. There was no attempt to treat without opioids, as is recommended in the MTUS. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Sumatriptan Succinate 25mg #9 with 2 refills:** 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), Head Chapter, Triptans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Head chapter, triptans.

**Decision rationale:** The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. None of the reports mention this medication. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.

**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:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing occurred with the prior treating physician and has been continued now. There is no discussion of the prior results of use beyond a patient account of no benefit from prior treatment. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prior prescribing of muscle relaxants. Recent reports do not even mention this medication. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.