

<b>Case Number:</b>	CM15-0014047		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 5, 2012. In Utilization Review Report dated January 5, 2015, the claims administrator failed to approve request for Nalfon, omeprazole, Zofran, Flexeril and tramadol. The claims administrator referenced a September 25, 2014, progress note in its determination. The applicant's attorney subsequently appealed. On September 24, 2014, the applicant reported ongoing complaints of neck and low back pain, 7/10. The applicant is having difficulty performing activities of daily living including bending, lifting, twisting, pushing, pulling, sitting, and standing. The applicant was nevertheless returned to regular duty work as a police officer at the [REDACTED]. The applicant had developed various pain complaints secondary to industrial motor vehicle accident. Pharmacological agents were reportedly renewed under separate cover. No discussion of medication efficacy transpired. The applicant was asked to follow up as needed. In a prescription report dated October 23, 2014, fenoprofen, cyclobenzaprine, ondansetron, omeprazole and tramadol were renewed through preprinted checkboxes, with no discussion of medications efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for #120 Nalfon 400mg (Express Scripts): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** No, the request for Nalfon (fenopufen) was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenopufen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the September 24, 2014, progress note did not explicitly state whether or not ongoing medications usage was or was not beneficial. The applicant reported 7/10 pain complaints on that date. There was no mention of the applicant's deriving appropriate analgesia with ongoing medication consumption, including ongoing Nalfon (fenopufen) consumption. Therefore, the request was not medically necessary.

**1 prescription for #120 omeprazole 20mg (Express Scripts): 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, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

**Decision rationale:** Similarly, the request for omeprazole was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was no mention of the applicant experiencing any issues with reflux, heartburn and/or dyspepsia, either NSAID-induced or stand-alone, on the September 24, 2014, progress note at issue. Therefore, the request was not medically necessary.

**1 prescription for #30 ondersetron 8mg (Express Scripts): 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 Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme. Decision based on Non-MTUS Citation

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

**Decision rationale:** Similarly, the request for ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not specifically address the topic of ondansetron (Zofran) usage pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there was no mention of the applicant's personally experiencing any issues with nausea or vomiting on or around the September 24, 2014, progress note at issue. It was not clearly stated why ondansetron was being prescribed. There was, furthermore, no mention of the applicants having received any recent surgery, cancer chemotherapy, and/or radiation therapy, further arguing against the need for usage of ondansetron (Zofran). Therefore, the request was not medically necessary.

**1 prescription for #120 cyclobenzaprine 7.5mg (Express Scripts): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, and indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of other medications, including, Nalfon, Zofran, Tramadol, etc. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**1 prescription for #90 tramadol ER 150mg (Express Scripts): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS

Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant had returned to work, the September 24, 2014, progress note contained no mention or discussion of medication efficacy. The applicant reported 7/10 pain on that date. There was no mention of the applicant deriving any quantifiable decrements in pain or material improvements in function with ongoing medication consumption, including ongoing tramadol usage. The attending provider did not identify how (or if) ongoing usage tramadol was beneficial here. Therefore, the request was not medically necessary.