

<b>Case Number:</b>	CM15-0115183		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female who sustained an industrial injury on 09/30/2013 when a clothes trolley of undisclosed weight slipped from a co-worker's hands and the injured worker tried to stop it from hitting her by stretching out her right arm causing her body to bend backwards. The injured worker was diagnosed with cervical and lumbar discopathy, cervicgia, right shoulder impingement syndrome, carpal tunnel/double crush syndrome, left knee chondromalacia patella with degenerative tear of the median and lateral meniscus, right knee meniscus tear with degenerative joint disease and bilateral plantar fasciitis. There was no documentation of surgical interventions. Treatment to date has included diagnostic testing with lumbar magnetic resonance imaging (MRI) in August 2014, electrodiagnostic studies in September 2014, cervical spine magnetic resonance imaging (MRI) in December 2014, bilateral shoulder, bilateral hips and bilateral knee magnetic resonance imaging (MRI) in February 2015, assistive devices and medications. According to the primary treating physician's progress report on April 23, 2015, the injured worker continues to experience neck pain with radiation into the upper extremities associated with headaches and rated as 8/10 on the pain scale. The low back pain radiates to the lower extremities and was rated as 8/10. The injured worker also reports shoulder, hip, knees and foot pain bilaterally. Examination of the cervical spine demonstrated tenderness to palpation with spasm of the paravertebral muscles and range of motion limited by pain. A positive axial loading compression test and a positive Spurling's maneuver with extension of symptoms in the upper extremities were noted. Documentation also revealed a positive palmar compression test subsequent to a Phalen's maneuver and a positive Tinel's in the

median nerve distribution. Sensation and strength were intact. Examination of the bilateral shoulders demonstrated tenderness around the anterior glenohumeral area and subacromial space with positive Hawkins and impingement signs. There was no evidence of shoulder instability. Internal rotation and forward flexion of the shoulder reproduced symptomatology according to the review. The lumbar spine examination revealed tenderness to palpation and spasm of the lumbar paraspinal muscles with positive seated nerve root test. Standing flexion and extension range of motion were guarded and restricted. There was numbness and tingling in the anterolateral thigh, posterior leg and lateral foot and 4/5 motor strength in the extensor hallucis longus muscle and ankle flexors. Ankle reflexes were asymmetric which was noted as deterioration in symptomatology. The hips were painful and tender in the anterolateral area, right hip greater than left hip. Examination of the knees documented tenderness in the anterior joint line space and crepitus with painful range of motion. Patellar grind and McMurray's were positive. Anterior drawer and posterior pivot shift test were negative. Strength, sensation and stability were within normal limits. The bilateral feet were tender and painful in the plantar aspect and the heels with pain on inversion and eversion. Current medications are listed as Nabumetone, Lansoprazole, Ondansetron, Cyclobenzaprine, Tramadol ER, Sumatriptan and Eszopiclone. Treatment plan consists of possible lumbar spine surgery, lumbar epidural steroid injection and the current request for Lansoprazole, Ondansetron, Cyclobenzaprine, Tramadol ER, Sumatriptan and Eszopiclone.

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

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

#### **Lansoprazole (Prevacid) delayed release capsules 30mg quantity 120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the treatment of NSAIDs associated gastrointestinal complications. The records indicate that the patient is on chronic NSAIDs treatment. The lansoprazole was noted to be effective for the prevention and treatment of gastritis. The criteria for the use of lansoprazole was met. Therefore, the request is medically necessary.

#### **Ondansetron 8mg oral disintegrating tablets quantity 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, Pain, Anti-emetics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of ondansetron be limited to short term treatments of nausea and vomiting associated with

chemotherapy, migraine and surgery. The records indicate that the duration of utilization of ondansetron had exceeded the short term period of less than 10 days recommended by the guidelines. The criteria for the use of ondansetron 8mg #30 was not met. Therefore, the request is not medically necessary.

**Cyclobenzaprine Hydrochloride 7. 5mg quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants could be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with sedative agents. The records indicate that the duration of utilization of cyclobenzaprine had exceeded the guidelines recommended short term period of 4 to 6 weeks. The criteria for the use of cyclobenzaprine 7.5mg #120 was not met. Therefore, the request is not medically necessary.

**Tramadol extended release 150mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-80, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient has utilized opioid related product for more than 2 years. The criteria for the use of Tramadol ER 150mg #90 was not met. Therefore, the request is not medically necessary.

**Sumatriptan Succinate 25mg #9 times 2: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medications can

be utilized for the prophylaxis and treatment of migraine headache. The records indicate that the patient is utilizing sumatriptan for the treatment of acute migraine attacks. There is documentation of pain relief and symptomatic improvement. The criteria for the use of sumatriptan succinate 25mg #9 X2 was met. Therefore, the request is medically necessary.

**Eszopiclone tablets 1mg quantity 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, Pain, Eszopiclone (Lunesta); Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Mental Illness and stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sedatives and hypnotics can be utilized for short term treatment of insomnia when non medication measures and sleep hygiene counseling have failed. The chronic use of sleep medications can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedatives. The criteria for the use of eszopiclone tablets 1mg #30 was not met. Therefore, the request is not medically necessary.