

<b>Case Number:</b>	CM15-0119765		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Texas, Illinois

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 injured worker is a 53 year old male, who sustained an industrial injury on March 6, 2012. The injured worker was diagnosed as having low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included physical therapy, and medication. A progress note dated April 30, 2015 the injured worker complains of neck, shoulder, back, wrist, and right hip pain. He rates the pain 8/10 except for the right shoulder and wrists that are rated 9/10. Physical exam notes cervical tenderness with decreased range of motion (ROM), positive Spurling's maneuver and numbness and tingling. The right shoulder is tender with positive impingement and painful decreased range of motion (ROM). The lumbar paravertebral muscles are tender on palpation with spasm with guarded decreased range of motion (ROM). The plan includes medication and injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium (Nalfon) 400mg #120:** Upheld

**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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

**Decision rationale:** The injured worker sustained a work related injury on March 6, 2012. The medical records provided indicate the diagnosis of low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Fenoprofen calcium (Nalfon) 400mg #120. The MTUS recommends the use of the lowest dose of NSAIDs for the short-term treatment of patients with moderate to severe pain. The medical records indicate the injured worker has been using this medication at least since 02/2015, but with no overall improvement. There is no evidence the injured worker is being monitored for blood count, kidney and renal function for individuals on NSAIDs for an extended period of time.

**Lansoprazole (Prevacid) delayed release #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 & cardiovascular risk Page(s): 67.

**Decision rationale:** The injured worker sustained a work related injury on March 6, 2012. The medical records provided indicate the diagnosis of low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for: Lansoprazole (Prevacid) delayed release #120. Lansoprazole (Prevacid) is a proton pump inhibitor. The MTUS recommends that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker belongs to the above groups, besides the NSAID has been determined not to be medically necessary.

**Ondansetron 8mg #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 (ODG), Pain Chapter, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Epoproterenol

Online<<https://online.epocrates.com/u/10a1442/Zofran?mode=SingleMatch&src=PK>>Medscape  
<<http://reference.medscape.com/drug/zofran-zuplenz-ondansetron-342052>>.

**Decision rationale:** The injured worker sustained a work related injury on March 6, 2012. The medical records provided indicate the diagnosis of low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg #30. Although the injured worker is reported to be taking this for nausea related to headache from neck pain, the Official Disability Guidelines, Epocrates and Medscape do not recommend it for this use. This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Also, it is FDA-approved for postoperative use, and for gastroenteritis. The MTUS is silent on it.

**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 (for pain) Page(s): 63-64.

**Decision rationale:** The injured worker sustained a work related injury on March 6, 2012. The medical records provided indicate the diagnosis of low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hydrochloride 7.5mg #120. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The recommended dosing of cyclobenzaprine is 5-10 mg three times daily for no longer than 2-3 weeks. The requested quantity exceeds the maximum recommended.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on March 6, 2012. The medical records provided indicate the diagnosis of low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg

#90. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation if opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 02/2015 without overall improvement. The injured worker is not properly monitored for pain control, adverse effects, aberrant behavior and activities of daily living.