

<b>Case Number:</b>	CM15-0125876		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 57 year old female, who sustained an industrial injury on 5/10/12. The mechanism of injury is not documented. The injured worker was diagnosed as having cervicgia and trigger finger status post release. Treatment to date has included medications (specific medications are not documented). Currently on 5/14/15, the injured worker complains of constant, sharp pain in cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is noted to radiate to the upper extremities and there are associated headaches that are migrainous as well as tension between the shoulder blades, it is unchanged since a/15/15 and rated 8/10. Documentation of work status notes return to full duty with no limitations. Physical exam performed on 5/14/15 noted palpable paravertebral muscle tenderness with spasm, limited range of motion due to pain, radicular pain in the sternoclavicular region and tingling and numbness in the anterolateral shoulder and arm. Tenderness is also noted over the volar aspect of right A1 pulley with full, but painful range of motion. Treatment request or plan was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Sumatriptan Succ 25mg #9: 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/imitrex.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter: Triptans.

**Decision rationale:** MTUS guidelines are silent on Sumatriptan succinate; therefore, the ODG Guidelines were consulted. ODG Guidelines note triptans are recommended for patients who suffer from migraines. The recent progress notes did not include objective findings related to headaches and the need for the medication. The treating physician has provided only the most minimal mention of headaches in the reports, noting they were migrainous. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. 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. Therefore, the retrospective request for Sumatriptan Succinate 25mg #9 is not medically necessary.

**Retrospective request for Omeprazole DR 20mg #120:** Upheld

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

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

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is a proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Retrospective request for Ondansetron ODT 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-emetics for opioid nausea.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is a proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Retrospective request for Cyclobenzaprine 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants for pain Page(s): 41-42, 63.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are muscle spasms documented on physical exam. However, documentation does not note if the medication was previously prescribed/utilized. Additionally, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The retrospective request for Cyclobenzaprine is not medically necessary.

**Retrospective request for Tramadol HCL ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 113.

**Decision rationale:** According to MTUS guidelines, use of opioids requires ongoing review and documentation of pain relief and improved functional status. Documentation does not indicate if the injured worker has previously received Tramadol or how long. There was no change in intensity of pain since 1/15/15 and documentation did not include intensity of pain following utilization of medications. The MTUS recommends prescribing according to function

with specific functional goals, random drug testing, and use of an opioid contract; these were not documented. It is noted the injured worker may return to work full time without restrictions. The MTUS recommends monitoring including assessment for adverse effects and aberrant drug-taking behaviors; these were also not documented. Therefore, the request for Tramadol is not medically necessary.

**Retrospective request for Sumatriptan Succ 25mg #9: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <http://www.drugs.com/imitrex.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter: Triptans.

**Decision rationale:** MTUS guidelines are silent on Sumatriptan succinate; therefore, the ODG Guidelines were consulted. ODG Guidelines note triptans are recommended for patients who suffer from migraines. The recent progress notes did not include objective findings related to headaches and the need for the medication. The treating physician has provided only the most minimal mention of headaches in the reports, noting they were migrainous. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. 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. Therefore, the retrospective request for Sumatriptan Succinate 25mg #9 is not medically necessary.