

<b>Case Number:</b>	CM15-0127419		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 56-year-old female who sustained an industrial injury on September 12, 2011 resulting in neck and upper back pain, and right elbow and wrist pain including tingling and numbness. She is diagnosed with status post discectomy and fusion C4-6, status post right carpal and cubital tunnel release, and carpal and cubital tunnel syndrome with double crush syndrome. Documented treatment has included injections, anterior cervical discectomy and fusion at C4-6; right carpal and cubital release surgery; physical therapy; and, medication. The injured worker continues to report neck pain, headaches, pain in the bilateral upper extremities and sleep difficulties. The treating physician's plan of care includes Lansoprazole 30 mg, Ondansetron 8 mg, Cyclobenzaprine HCL 7.5 mg, Tramadol ER 150 mg, and Sumatriptan Succinate 25 mg. Her most current work status is not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Lansoprazole 30mg #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): 68.

**Decision rationale:** The injured worker sustained a work related injury on September 12, 2011. The medical records provided indicate the diagnosis of status post discectomy and fusion C4-6, status post right carpal and cubital tunnel release, and carpal and cubital tunnel syndrome with double crush syndrome. Treatments have included injections, anterior cervical discectomy and fusion at C4-6; right carpal and cubital release surgery; physical therapy; and, medication. The medical records provided for review do not indicate a medical necessity for 1 prescription for Lansoprazole 30mg #120. Lansoprazole is a proton pump inhibitor, and like other proton pump inhibitors, the MTUS recommends against using them for more than one year due to the risk of hip fracture; but the records indicate she has used it for more than a year. Also, the MTUS recommend that clinicians should weight 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 Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Although she is reported to have had abdominal upset during the use of Naproxen, an NSAID, the medical records indicate the request for Nabumetone, an NSAID was denied, thereby making Lansoprazole not medically necessary.

**1 prescription for Ondansetron 8mg, #20: 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 (Chronic), 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) Pain (Chronic), Ondansetron (Zofran®) and Other Medical Treatment Guidelines <http://reference.medscape.com/drug/zofran-zuplenz-ondansetron-342052>.

**Decision rationale:** The injured worker sustained a work related injury on September 12, 2011. The medical records provided indicate the diagnosis of status post discectomy and fusion C4-6, status post right carpal and cubital tunnel release, and carpal and cubital tunnel syndrome with double crush syndrome. Treatments have included injections, anterior cervical discectomy and fusion at C4-6; right carpal and cubital release surgery; physical therapy; and, medication. The medical records provided for review do not indicate a medical necessity for 1 prescription for Ondansetron 8mg, #20. The MTUS is silent on Ondansetron (Zofran), but the Official Disability Guidelines, Medscape, and Epocrates online recommend it for nausea and vomiting associated with Chemotherapy, radiotherapy, gastroenteritis, post-operative. Medscape also adds Cholestatic Pruritus (Off-label), Uremic Pruritus (Off-label), Spinal Opioid-Induced Pruritus (Off-label), Rosacea (Off-label), Hyperemesis Gravidarum. None of these references recommends it for headache as is reported by the medical records.

**1 prescription for Cyclobenzaprine HCL 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 September 12, 2011. The medical records provided indicate the diagnosis of status post discectomy and fusion C4-6, status post right carpal and cubital tunnel release, and carpal and cubital tunnel syndrome with double crush syndrome. Treatments have included injections, anterior cervical discectomy and fusion at C4-6; right carpal and cubital release surgery; physical therapy; and, medication. The medical records provided for review do not indicate a medical necessity for 1 prescription for Cyclobenzaprine HCL 7.5mg, #120. Cyclobenzaprine is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The dosing recommendation of cyclobenzaprine (Flexeril) is 5 -10 mg three times a day, for no longer than 2-3 weeks. The records indicate injured worker has been using this medication for some time and has exceeded the recommended duration of treatment; besides there is no indication the worker is being treated for acute exacerbations of chronic low back pain.

**1 prescription for Tramadol ER 150mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on September 12, 2011. The medical records provided indicate the diagnosis of status post discectomy and fusion C4-6, status post right carpal and cubital tunnel release, and carpal and cubital tunnel syndrome with double crush syndrome. Treatments have included injections, anterior cervical discectomy and fusion at C4-6; right carpal and cubital release surgery; physical therapy; and, medication. The medical records provided for review do not indicate a medical necessity for 1 prescription for Tramadol ER 150mg, #9. 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 does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, 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 of 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 opioids since 2012. There records indicate the injured worker is not properly monitored for pain control, activities of daily living and aberrant behavior. Also, there was no explanation why a second line drug is being used rather than the first-line acetaminophen for a pain of 3-5 in a scale with 10 as maximum.

**1 prescription for Sumatriptan Succinate 25mg #18: 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, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Triptans.

**Decision rationale:** The injured worker sustained a work related injury on September 12, 2011. The medical records provided indicate the diagnosis of status post discectomy and fusion C4-6, status post right carpal and cubital tunnel release, and carpal and cubital tunnel syndrome with double crush syndrome. Treatments have included injections, anterior cervical discectomy and fusion at C4-6; right carpal and cubital release surgery; physical therapy; and, medication. The medical records provided for review do not indicate a medical necessity for 1 prescription for 1 prescription for Sumatriptan Succinate 25mg #18 Succinate 25mg #18. Sumatriptan is used in the treatment of migraine headaches. Also, the injured worker is reported to be experiencing headaches, the history was not detailed to include the features of migraine headache, neither is there evidence she was diagnosed such by a neurologist. Headache is a symptom, and could be caused by several medical problems, one of which is migraine, but not every headache is migraine headache.