

<b>Case Number:</b>	CM15-0030391		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: 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 56 year old female, who sustained an industrial injury on 3/25/14. She has reported low back injury. The diagnoses have included low back pain, lumbar disc displacement and lumbar radiculopathy. Treatment to date has included ice, heat application and NSAIDS. (MRI) magnetic resonance imaging of lumbar spine performed on 5/28/14 revealed mild multilevel disc height loss and disc desiccation with posterior annular fissure at 4-5, mild spinal canal stenosis and moderate right L4-5 and mild left L3-4 through L5-S1 neural foramina narrowing. Currently, the injured worker complains of low back pain, described as stabbing, sharp, burning and constant with radiation to the right leg. Paralumbar spasm and tenderness to palpation are noted on right. Range of motion of spine is limited on physical exam dated 1/8/15. Documentation stated the ice, heat application and NSAIDS have not helped the pain. On 1/16/15 Utilization Review non-certified Omeprazole 20mg1 every 12 hours as needed #120; Ondansetron 8 mg 1 as needed #30, noting it is not recommended for nausea and vomiting due to opioid use; Cyclobenzaprine Hydrochloride 7.5mg 1 every 8 hours as needed #120, noting no benefit beyond NSAIDS in pain and overall improvement; Tramadol ER 150mg as needed #90, noting it is not supported by evidenced based guidelines and Fenopfrofen Calcium 400mg 1 three times per day #120, noting it is recommended for short term usage. The MTUS, ACOEM Guidelines and ODG were cited. On 1/29/15, the injured worker submitted an application for IMR for review of Omeprazole 20mg1 every 12 hours as needed #120; Ondansetron 8 mg 1 as needed #30; Cyclobenzaprine Hydrochloride 7.5mg 1 every 8 hours as needed #120; Tramadol ER 150mg as needed #90 and Fenopfrofen Calcium 400mg 1 three times per day #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

**Decision rationale:** Proton Pump Inhibitors (PPIs) are indicated for treatment of Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker has history of Gastritis and abdominal pain and is currently being treated with NSAIDs. The continuation of PPI therapy, even short-term off NSAIDs is reasonable and appropriate. The request for Omeprazole 20mg #120 is 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

**Decision rationale:** Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. The request for Ondansetron 8 mg, #30 is not medically necessary per guidelines.

### **Cyclobenzaprine Hydrochloride 7.5mg #120: Overturned**

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

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

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. The injured worker complains of chronic low back. Documentation at the time of the request under review shows evidence of Lumbar paraspinal spasm and tenderness on physical examination to support the use of cyclobenzaprine on as needed basis. The request for Cyclobenzaprine is medically necessary per MTUS guidelines.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol ER. With MTUS guidelines not being met, the request for Tramadol ER 150mg #90 is not medically necessary.

**Fenopren calcium 400mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement on current medication regimen. In addition, documentation provided reveals a history of abdominal pain and gastritis with report of rectal bleeding. The request for Fenopropfen calcium 400mg #120 is not medically necessary by MTUS.