

<b>Case Number:</b>	CM15-0071744		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 51 year old male who sustained an industrial injury on 4/30/14. He has reported initial complaints of pain and swelling in the right hand with multiple injuries sustained in a motor vehicle accident while working as maintenance worker. The diagnoses have included lumbar discopathy, cervical discopathy, bilateral carpal tunnel syndrome, status post open reduction internal fixation (ORIF) distal radius, joint pain of forearm, and joint pain of shoulder. Treatment to date has included medications, diagnostics, surgery and physical therapy with slight benefit. The diagnostic testing that was performed included x-rays of the cervical spine, Magnetic Resonance Imaging (MRI) of the right elbow and wrist. Currently, as per the physician progress note dated 1/29/15, the injured worker complains of constant pain in the low back, bilateral shoulders, bilateral elbows, bilateral wrists, and frequent pain in the cervical spine. The pain was unchanged from previous visit and rated 8/10 on pain scale with throbbing, numbness and tingling and radiation of pain into the bilateral lower extremities (BLE). The physical exam revealed lumbar tenderness with spasm, limited range of motion due to pain, and positive Spurling's maneuver. The cervical spine revealed tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, decreased range of motion due to pain, and dysesthesia in the upper extremities. The bilateral shoulders revealed positive Hawkin's and impingement sign and pain with range of motion. The bilateral wrists/elbows revealed positive Tinel's, positive palmar compression test, range of motion was limited due to stiffness and pain, grip strength was weak and there was diminished sensation in the ulnar and radial digits. The physician noted that he recommended physical therapy and medications for symptomatic relief.

The physician requested treatments included Omeprazole 20mg quantity: 120, Ondansetron 8mg ODT quantity: 30, Cyclobenzaprine Hydrochloride quantity: 120, and Tramadol ER 120mg quantity: 90.

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

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

**Omeprazole 20mg Qty: 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 PPIs Page(s): 68.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Ondansetron 8mg ODT Qty: 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 (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

**Decision rationale:** Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In addition, for this case, the request for Tramadol was not medically necessary, which would also make the request for Ondansetron not medically necessary. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Cyclobenzaprine Hydrochloride Qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. 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 requested medication is not medically necessary.

**Tramadol ER 120mg Qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.