

<b>Case Number:</b>	CM15-0073248		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 05/01/2008. On provider visit dated 03/24/2015 the injured worker has reported bilateral wrist and knee pain. On examination of the lumbar spine was noted to have tenderness with spasm of the paravertebral muscle, range of motion was noted as guarded and restricted. Wrist was noted as tenderness over the volar area with positive Palmar compression test. Tinel's sign was positive over the carpal canal, range of motion was full but noted as painful. Knee was noted as tenderness in the joint line, patellar grind test was positive; range of motion was noted as painful with crepitus. The diagnoses have included internal derangement knee NOS, carpal Tunnel Syndrome and disc disorder lumbar status post-surgery. Treatment to date has included medication and physical therapy. The provider requested Fenoprofen calcium 400mg #100, Tramadol ER 115mg #90, Cyclobenzaprine Hydrochloride #120, Omeprazole 20mg #120, and Ondansetron 8mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium 400mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Fenoprofen calcium is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in both wrist and in the knees with swelling and buckling. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no description of improved pain intensity or function with the use of this medication or recorded detailed individualized risk assessment. In the absence of such evidence, the current request for 100 tablets of fenoprofen calcium 400mg is not medically necessary.

**Tramadol ER 115mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Tramadol-ER is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in both wrist and in the knees with swelling and buckling. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of long-acting tramadol-ER 115mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker. The request is not medically necessary.

## **Cyclobenzaprine Hydrochloride #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; 124.

**Decision rationale:** Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in both wrist and in the knees with swelling and buckling. These records indicated the worker had been taking this medication for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. Further, the request is for an unspecified dose of medication, which would not account for changes in the worker's care needs. In the absence of such evidence, the current request for 120 tablets of cyclobenzaprine hydrochloride at an unspecified dose is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. The request is not medically necessary.

## **Omeprazole 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in both wrist and in the knees with swelling and buckling. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the

worker had an increased risk for gastrointestinal events and why a NSAID needed to be continued, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120 tablets of Prilosec (omeprazole) 20mg is not medically necessary.

**Ondansetron 8mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug information Topic 9719, version 153.0, Up-To-Date, accessed 07/06/2015.

**Decision rationale:** Ondansetron is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. There was no discussion suggesting the worker had symptoms or findings consistent with any of the above conditions. In the absence of such evidence, the current request for thirty tablets of ondansetron 8mg is not medically necessary.