

<b>Case Number:</b>	CM15-0078170		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 57-year-old male, who sustained an industrial injury on 12/02/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical and lumbar disc disorder, cervicgia, lumbago, and internal knee derangement. Treatment to date has included physical therapy, and medications. Currently, the injured worker complains of cervical spine pain, rated 7/10, unchanged, with radiation to the upper extremities, and low back pain, rated 6/10, and improving with therapy, with radiation to the lower extremities. He was status post bilateral knee Synvisc injections (date unspecified). Medication refills were requested, noting that they are helping in curing and relieving his symptomatology and improving activities of daily living. Medications included Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol ER, and Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium (Nalfon) 400mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-71.

**Decision rationale:** The injured worker sustained a work related injury on 12/02/2012. The medical records provided indicate the diagnosis of cervical and lumbar disc disorder, cervicgia, lumbago, and internal knee derangement. Treatment to date has included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Fenoprofen Calcium (Nalfon) 400mg #120. Fenoprofen (Nalfon) is an NSAID. The MTUS recommends states it is use d for treatment of mild to moderate pain from osteoarthritis. Like other NSAIDs, the MTUS recommends the use of the lowest dose for short-term treatment. The records indicate the injured worker has been using this medication at least since 12/2014, but with no improvement. The MTUS recommends discontinuation of a treatment modality if it is found to be ineffective. This request is not medically necessary.

**Omeprazole 20mg #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): 67.

**Decision rationale:** The injured worker sustained a work related injury on 12/02/2012. The medical records provided indicate the diagnosis of cervical and lumbar disc disorder, cervicgia, lumbago, and internal knee derangement. Treatment to date has included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #120. Omeprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the medications of individuals a risk of gastrointestinal events who are being treated with NSAIDs. The gastrointestinal risk factors include: 1) age greater 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Although the records indicate, the injured worker had Gastrointestinal upset while taking an NSAID in the past, the Fenoprofen for which this medication was being prescribed has been determined not to be 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 (ODG), Pain, Antiemetics.

**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®).

**Decision rationale:** The injured worker sustained a work related injury on 12/02/2012. The medical records provided indicate the diagnosis of cervical and lumbar disc disorder, cervicalgia, lumbago, and internal knee derangement. Treatment to date has included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg #30. The MTUS is silent on it, but the Official Disability Guidelines states it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment; also for postoperative use, and for gastroenteritis. Although the provider quoted a source that recommends it for hyperemesis gravidarum (severe vomiting of pregnancy), the medical records does not indicate the injured worker suffers from any of the listed indications, including hyperemesis gravidurim. The records indicate the injured worker has been using this medication at least since 12/2014. This request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

**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 12/02/2012. The medical records provided indicate the diagnosis of cervical and lumbar disc disorder, cervicalgia, lumbago, and internal knee derangement. Treatment to date has included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine Hydrochloride 7.5mg #120. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The recommended dosing of this medication is 5 to 10 mg three times daily for 2-3 weeks, but the medical records indicate the injured worker has been using this medication at least since 12/2014. This request is not medically necessary.

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

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

**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 12/02/2012. The medical records provided indicate the diagnosis of cervical and lumbar disc disorder, cervicalgia, lumbago, and internal knee derangement. Treatment to date has included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Tramadol ER 150mg #90. 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 use of opioids for longer than 70 days 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 of 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 use of this medication predates 12/2014, but with no overall improvement. This request is not medically necessary.