

<b>Case Number:</b>	CM15-0093282		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/19/2001
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 65 year old female, who sustained an industrial/work injury on 1/19/01. She reported initial complaints of low back with radiation to both hips, neck pain with radiation to bilateral upper extremities. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc degeneration, and lumbar facet arthropathy. Treatment to date has included medication and diagnostics. MRI results were reported on 2/25/14 that demonstrated small disc extrusions at L5-S1 without spinal canal stenosis or neural foraminal narrowing and acute/subacute Schmorl's node involving the inferior endplate of L5 with surrounding mild marrow edema. Currently, the injured worker complains of low back pain that radiates down the bilateral extremities with spasms in the back. Pain is 6/10 with medication and 8/10 without. Ambulation, activities of daily living, and sleep are affected. Per the primary physician's progress report (PR-2) on 3/31/15, gait was antalgic and slow. There was spasm in the bilateral paraspinous musculature, tenderness with palpation in the bilateral paravertebral area L3-S1 levels, myofascial trigger points with twitch response in the paraspinous muscles bilaterally, limited range of motion, decreased sensitivity to touch along the L4-Si dermatome in the left lower extremity, decreased Achilles reflexes on the left, and positive straight leg raise on the left at 40 degrees. Lower extremity examination revealed tenderness on palpation at the left greater than right left thigh, mild swelling in the left ankle, decreased range of motion in left ankle, hypersensitivity in the left lower extremity and allodynia in the left lower extremity and temperature changes in the left also. Current plan of care included renewing medication. The

requested treatments include Zantac 150 mg, Oxycodone 30mg, Ondansetron 4mg, Vitamin D 2000mcg, and Cyclobenzaprine 10mg.

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

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

**Zantac 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) and other reflux medications can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. 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 ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise, this request for Zantac is not medically necessary.

**Oxycodone 30mg #28 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Ondansetron 4mg #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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015 ODG Online edition. Odansetron.

**Decision rationale:** The California MTUS guidelines do not address the usage of Odansetron. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that Zofran is FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions. Likewise, this request for Zofran is not medically necessary.

**Vitamin D 2000mcg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pmc/articles/PMC3597312/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597312/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic Therapy for Vitamin D Deficiency. DANA NEUTZE, MD, PhD, and ANNE MOUNSEY, MD, University of North Carolina School of Medicine, Chapel Hill, North ,LAURIE DAVIDSON, MLIS, MEd, Georgetown University, Washington, District of Columbia, Am Fam Physician. 2013 Feb 15;87(4):online.

**Decision rationale:** MTUS, ACOEM, and ODG guidelines do not address correction of Vitamin D deficiencies. This is because Vitamin D Deficiency is not a worker's compensation issue. Vitamin D deficiency can be corrected with supplements. Vitamin D deficiency can also be corrected with increased exposure to sun light. Likewise, this request for a Vitamin D supplement is not considered medically necessary.

**Cyclobenzaprine 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Cyclobenzaprine is not medically necessary.