

<b>Case Number:</b>	CM13-0011869		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/05/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old male who reported an injury on 10/05/2005. The mechanism of injury was not provided for clinical review. The diagnoses included cervical discopathy, carpal tunnel/double crash syndrome, status post L5-S1 posterior lumbar interbody fusion. Previous treatment included medication, home exercise program. The diagnostic testing included a CT scan, EMG/NCV. Within the clinical note dated 09/16/2013 it was reported the injured worker complained of cervical spine pain, chronic headaches, "lension" between the shoulder blades and migraines. Upon the physical examination of the cervical spine, the provider noted tenderness at the cervical spine paravertebral muscles and upper trapezius muscles with spasms. Upon the examination of the lumbar spine, the provider noted the injured worker had tenderness at the lumbar paravertebral muscles. The injured worker had dysesthesia at L5-S1 dermatome. The request submitted is for cyclobenzaprine hydrochloride, ondansetron, omeprazole, and Medrox for pain relief. However, the Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5 mg #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-TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 06/2013 which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

**Ondansetron ODT tablets 8 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zofran.

**Decision rationale:** The request for ondansetron ODT tablets 8 mg, #60 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of clinical documentation indicating the injured worker is treated for nausea or vomiting secondary to chronic opioid use. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Omeprazole delayed-release capsules 20 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

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

**Decision rationale:** The request for omeprazole delayed release capsules 20 mg #120 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole is recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include, over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence or risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor

antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Medrox pain relief ointment 120 gm x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Medrox pain relief ointment 120 mg x2 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since 09/2013, which exceeds the guideline recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.