

<b>Case Number:</b>	CM14-0148206		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 57-year-old male who reported an injury on 04/05/2013. The mechanism of injury was not stated. Current diagnoses include cervical/lumbar discopathy, left shoulder impingement syndrome, and right shoulder impingement syndrome. Previous conservative treatment is noted to include medication management, activity modification, physical therapy, and right shoulder injections. The injured worker was evaluated on 05/05/2014 with complaints of cervical spine pain, chronic headaches, shoulder tension, and migraines. The physical examination revealed tenderness along the cervical paravertebral muscles and upper trapezius, positive Spurling's maneuver, painful and restricted cervical range of motion, dysesthesias at the C5 to C7 dermatomes, tenderness at the subacromial space and acromioclavicular joint, positive impingement and Hawkin's signs, limited shoulder range of motion bilaterally, tenderness to palpation of the lumbar spine, painful range of motion of the lumbar spine, positive seated nerve root test, and dysesthesia at the L5-S1 dermatomes. The treatment recommendations at that time included a right shoulder arthroscopy with subacromial decompression. A prescription form was then submitted on 05/05/2014 for naproxen 550 mg, Omeprazole 20 mg, Zofran 8 mg, Orphenadrine ER 100 mg, Tramadol ER 150 mg, Imitrex, and Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #120 (Date of service: 6/3/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (last updated 7/10/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 63-66..

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line options for short term treatment of acute exacerbations. There was no physician progress report submitted on the requesting date of 06/03/2013. Therefore, the medical necessity for the requested prescription has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Tramadol150mg #90, Date of Service: 6/3/13: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 04/2013. There was no physician progress report submitted on the requesting date of 06/03/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Ondansetron 8mg #30, Date of Service: 6/3/13: 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 Pain Procedure Summary (last updated 7/10/14), and Mosby's Drug Consult

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

**Decision rationale:** The Official Disability Guidelines state Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. There was no physician progress report submitted on the requesting date of 06/03/2013. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Medrox 120g #2, Date of Service: 6/3/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.