

Case Number:	CM13-0002632		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2010
Decision Date:	02/21/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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 patient is a 59-year-old male who reported an injury on 03/05/2010 after 100 to 150 pound boxes fell on top of him causing injury to the cervical spine, lumbar spine, right hip, and bilateral shoulders. Prior treatments included physical therapy, medications, injection therapy, and surgical intervention of the right hip and cervical spine. The patient's medication usage for chronic pain was monitored for compliance by urine drug screens. The patient's most recent clinical evaluation revealed tenderness to palpation along the paravertebral cervical musculature and upper trapezial muscles with spasming and pain with terminal motion. Examination of the upper extremities revealed a positive palmar compression test and positive Phalen's maneuver with reproducible symptomatology of the median nerve distribution and a positive Tinel's sign consistent with carpal tunnel syndrome. Examination also revealed tenderness to palpation to the bilateral shoulders with a positive Hawkins and impingement sign bilaterally with range of motion limited secondary to pain. Physical evaluation of the lumbar spine revealed tenderness to palpation along the mid to distal lumbar segments with pain with range of motion and disturbed sensation along the L5-S1 dermatomes. Physical examination of the hips revealed no significant neurological deficit and residual pain with range of motion. The patient's diagnoses included status post C3-4, C5-6, C6-7 cervical hybrid reconstruction, carpal tunnel double crush syndrome, shoulder impingement, lumbar discopathy/radiculitis, internal derangement of the left hip, and status post right total hip arthroplasty. The patient's treatment plan included continued medication usage and left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tabs 8mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation epocrates.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Anti-Emetics

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient was prescribed this medication due to side effects from other medications. Official Disability Guidelines do not recommend the use of antiemetics to control side effects related to medication usage. The Official Disability Guidelines state this medication is used for nausea and vomiting related to surgical intervention, cancer related treatments, and acute gastritis. The clinical documentation submitted for review does not provide any evidence that the patient has recently undergone any surgical procedures. Additionally, there is no indication that the patient has undergone any cancer related treatments. Additionally, the patient's most recent clinical evaluation does not provide an adequate assessment of the patient's gastrointestinal system that would support the need for this medication. As such, the requested Ondansetron ODT tablets #30 times 2 are not medically necessary and appropriate.

Cyclobenzaprine Hydrochloride tabs 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The clinical documentation submitted for review does provide evidence that patient has been on this medication for an extended duration of time. The MTUS Chronic Pain Guidelines do not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. The use of Cyclobenzaprine hydrochloride is recommended by the MTUS Chronic Pain Guidelines for short courses of treatment. The requested 120 tablets exceed this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the request for Cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary and appropriate.

Sumatriptan Succinate tabs 25mg #9 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head Chapter, section on Triptans.

Decision rationale: The clinical documentation submitted for review does not provide a recent assessment of the patient's reported migraine headaches. There is no documentation of frequency or duration of these types of headaches to establish the efficacy of triptan usage. The Official Disability Guidelines do recommend triptans for the treatment of migraine and migraine like headaches. However, as the clinical documentation submitted for review does not provide any evaluation of the patient's headache symptomatology, the need for continued use of this medication cannot be determined. As such, the request for sumatriptan succinate tablets 25 mg #9 times 2 is not medically necessary and appropriate.

Medrox pain relief ointment 129gm x2: 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, Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The requested topical agent includes methyl salicylate, menthol, and capsaicin. The MTUS Chronic Pain Guidelines do recommend the use of methyl salicylate and menthol in the treatment of osteoarthritic pain. However, this formulation contains capsaicin. MTUS Chronic Pain Guidelines do not recommend capsaicin as a topical agent unless the patient has failed to respond to other first line treatments and oral analgesics. There is no evidence within the documentation that the patient has failed to respond to other therapies or oral analgesics. Therefore, a compounded medication such as Medrox ointment would not be supported. As such, the request for Medrox ointment 129 gm times 2 is not medically necessary and appropriate.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that opioids being used in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, evidence of monitoring for aberrant behavior, and managed side effects. The clinical documentation submitted for review does provide evidence that the patient is being monitored for aberrant behavior with urine drug screens. However, the clinical documentation does not include a quantitative assessment of pain relief or documentation of

specific functional benefits. Therefore, continued use would not be supported. As such, the requested tramadol hydrochloride ER 150 mg #90 is not medically necessary and appropriate.