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| Case Number: | CM13-0011481 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 01/07/2008 |
| Decision Date: | 07/12/2014 | UR Denial Date: | 08/07/2013 |
| Priority: | Standard | Application Received: | 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 Physical Medicine and 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 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 41-year-old male who reported an injury on 01/07/2008. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to be cervical discopathy with radiculitis versus right cubital tunnel syndrome, status post L5-S1 posterior lumbar interbody fusion occurring on 05/14/2010, and status post removal of lumbar spinal hardware occurring on 09/07/2012. His previous treatments included pharmacological management. On 12/17/2013, the injured worker had a clinical evaluation with chief complaints of chronic headaches, tension between the shoulder blades, and migraines. The physical examination included tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuvers were positive. There was painful and restricted cervical range of motion. There was dysesthesia at the C5 and C6 dermatomes. The examination of the lumbar spine included tenderness at the lumbar paravertebral muscles with spasm. There was pain with terminal motion. At the visit dated 12/17/2013, procedures were performed using aseptic technique. The injured worker underwent an intramuscular injection of 2 mL of Toradol mixed with 1 mL of Marcaine. In addition, the injured worker under aseptic technique underwent an intramuscular injection of vitamin B-12 complex. It is indicated that the injured worker tolerated the procedures well without any local or adverse systemic complications. The treatment plan includes pharmacological agents for symptomatic relief and the injured worker should return to the clinic on an as needed basis. Provided is a request for authorization for medical treatment dated 12/06/2013 and it includes naproxen, Omeprazole, Cyclobenzaprine, Tramadol, and Terocin patches. This review includes requests for Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, Medrox patch, and Tramadol. It is noted that 3 of the requests for this review are not included with the request

for authorization for medical treatment. These 3 are Medrox patch, Ondansetron, and Sumatriptan. A rationale for each request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

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

Decision rationale: The request for Naproxen Sodium tablet is non-certified. Naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The injured worker does report chronic headaches, tension between the shoulder blades, and migraines. The injured worker did not report at the time of the physical examination on 12/17/2013 any rating of pain with or without use of medication. The injured worker also did not report any functional deficits with or without medication. The injured worker did not report any side effects with use of the medication that appears to have been prescribed and used since 04/2013 based on the documentation. A urine drug screen has been located within the documents submitted for review and there are no inconsistencies with it. The request for naproxen does not have a dosage, a frequency, or a quantity. As such, the request for Naproxen Sodium tablet is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

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

Decision rationale: The request for Cyclobenzaprine Hydrochloride is non-certified. According to the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. It is documented on 04/16/2013 that the injured worker was using Cyclobenzaprine. Several documents between this date and the most recent clinical evaluation on 12/17/2013 indicate use of Cyclobenzaprine. Although the Guidelines recommend Cyclobenzaprine as an option, the Guidelines also state that it is used for a short course of therapy. Again, the greatest effect of Cyclobenzaprine is within the first 4 days of treatment and treatment should be brief. The documentation provided shows Cyclobenzaprine is being used for long-term therapy. The clinical evaluation on 12/17/2013 does not indicate the injured worker giving a rate of pain or any efficacy of the medication being used. The clinical evaluation does not indicate any side

effects. A recent urine drug screen was obtained and provided within the past 12 months. The request for Cyclobenzaprine hydrochloride does not include a dose, a frequency, or a quantity requested. Therefore, the request for Cyclobenzaprine Hydrochloride is not medically necessary.

SUMATRIPAN SUCCINATE: 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).

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

Decision rationale: The request for Sumatriptan Succinate is non-certified. On 12/17/2013, the injured worker had complaints of chronic headaches, tension between the shoulder blades, and migraines. The injured worker did not rate the pain with or without the medications being used for that pain. There was no documentation provided on side effects. There is a urine drug screen within the past year. The Official Disability Guidelines Head Chapter recognizes triptans for migraine sufferers. It states that at marketed doses, all oral triptans, including Sumatriptan, brand name Imitrex, are effective and well tolerated. The documents submitted indicate the injured worker using Sumatriptan for migraines. However, it does not indicate the efficacy of this medication. In addition, the request for Sumatriptan Succinate lacks a dose, a frequency, and a quantity. Therefore, the request for Sumatriptan Succinate is not medically necessary.

ONDANSETRON ODT: 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).

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

Decision rationale: The request for Ondansetron ODT is non-certified. The injured worker had a clinical evaluation on 12/17/2013. At the time of evaluation, the injured worker did not indicate nausea or vomiting. Ondansetron is an anti-emetic and it is not recommended by the Official Disability Guidelines for nausea and vomiting secondary to chronic opioid use. The injured worker uses Tramadol, which is in the class of opioids. However, at the time of physical evaluation, the injured worker did not have complaints of nausea or vomiting. The request for Ondansetron does not have a dosage, a frequency, or a quantity suggested. Therefore, the request for Ondansetron ODT is not medically necessary.

OMEPRAZOLE DELAYED RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole delayed release is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Omeprazole for a patient who is at risk for gastrointestinal events with use of NSAIDs. Although the injured worker uses NSAIDs for pain control, it is not documented that there is a symptom of gastrointestinal events or cardiovascular risk. In the most recent clinical evaluation on 12/17/2013, the injured worker only had symptoms of chronic headaches, tension between the shoulder blades, and migraines. The decision for Omeprazole delayed release does not include a dose, a frequency, or a quantity requested. Therefore, the request for Omeprazole delayed release is not medically necessary.

MEDROX PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for Medrox Patch is non-certified. Medrox patches contain active ingredients of 5% menthol and 0.0375% capsaicin. The use for a Medrox patch includes the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The California MTUS Chronic Pain Medical Treatment Guidelines indicate topical analgesics containing capsaicin are recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.075% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The injured worker was seen for a clinical evaluation on 12/17/2013 with complaints of chronic headaches, tension between the shoulder blades, and migraines. There is not a pain rating associated with the clinical evaluation nor is there any indication that the Medrox patch that has been prescribed since 04/16/2013 is providing any relief for the injured worker. The Guidelines do not recommend any topical analgesics that contain capsaicin. The decision for the Medrox patch does not include a frequency or a quantity. Therefore, the request for Medrox Patch is not medically necessary.

TRAMADOL HYDROCHLORIDE ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Opioids Page(s): 80.

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

Decision rationale: The request for Tramadol Hydrochloride ER is non-certified. The injured worker had a clinical evaluation on 12/17/2013 and indicated symptoms of chronic headaches,

tension between the shoulder blades, and migraines. The documentation provided for the evaluation did not indicate a rating of the injured worker's pain with or without the use of the medication. The injured worker has documentation of using Tramadol since 04/16/2013. The documentation fails to indicate if this is useful for the patient's pain and it also does not indicate if there have been any side effects. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Tramadol as a central acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. The documentation fails to indicate any other failed conservative measures for analgesic care. The Guidelines recommend this medication to be used as a secondary line of treatment. The decision for Tramadol hydrochloride ER does not include a dose, a frequency, or a quantity. Therefore, the request for Tramadol Hydrochloride ER is not medically necessary.