

<b>Case Number:</b>	CM13-0013457		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 reported an injury on 05/19/2013. The patient has current complaints of low back pain. The patient has been treated with chiropractic care with some temporary relief. On examination, the patient has pain and tenderness with some dysesthesia in the L4 and L5 dermatomes. Current treatment plan is for ongoing medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Patch #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)-TWC Pain Procedure Summary.

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

**Decision rationale:** Medrox is a topical analgesic that contains 20% Methyl Salicylate, 5% Menthol, and 0.0375% Capsaicin. According to the package insert it is indicated for "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded

product that contains at least 1 drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Therefore, since the Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.

**Tramadol Hydrochloride ER 150mg #90: 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)-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93-94.

**Decision rationale:** CA MTUS guidelines state that "The 4 A's for ongoing monitoring: 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation indicates the patient has slight pain, rating symptoms at 1/10 on 06/18/2013. The patient's pain is not significant enough to warrant use of tramadol. Opioids are typically provided for patients with moderate to severe pain complaints. There is no indication the patient has been unresponsive to non-opioid medications. Tramadol is not recommended as a first line medication. Given the above, the request is non-certified.

**Cyclobenzaprine Hydrochloride tablets 7.5mg #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 (ODG)-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** CA MTUS guidelines state that cyclobenzaprine is "recommended as an option, using a short course of therapy." The documentation submitted for review failed to reveal any significant physical exam findings to warrant the use of Cyclobenzaprine. Guidelines do not recommend the long term use of this medication. The patient had tenderness upon exam but no significant muscle spasms. Therefore, the request for Cyclobenzaprine is non-certified.

**Ondansetron ODT tablets 8mg #30 x 2 #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 (ODG)-TWC Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, Ondansetron

**Decision rationale:** MedlinePlus states that "Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery." The documentation submitted for review fails to reveal the patient has any nausea complaints to warrant the use of Ondansetron. In addition, there is no indication that the patient would have nausea or vomiting secondary to cancer chemotherapy, radiation therapy, or surgery. The patient does not have these diagnoses or has not undergone these procedures. As such, the request is non-certified at this time.

**Omeprazole DR 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 (ODG)-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** CA MTUS guidelines recommend Omeprazole for patients at "risk for gastrointestinal events". The documentation submitted for review failed to indicate the patient had any significant GI symptoms to warrant the use of Omeprazole. Furthermore, the concurrent request for naproxen was found to be non-certified. As such, the request is, likewise, non-certified at this time.

**Naproxen Sodium tablets 550mg #12:** 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)-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** CA MTUS guidelines recommend NSAIDS "at the lowest dose for the shortest period in patients with moderate to severe pain." The patient has minimal pain complaints at this time, rating symptoms at 1/10. This level of pain would not reach the severity of moderate to severe pain as recommended by California MTUS Guidelines prior to prescription for NSAIDS. As such, the request is non-certified at this time.

