

<b>Case Number:</b>	CM13-0015496		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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. e/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 46-year-old male who reported injury on 10/01/2011. The mechanism of injury was the patient was a motorcycle police officer, and the motorcycle got stuck in a pothole and ejected the patient from the motorcycle. The patient's diagnoses were not provided. There was a retrospective request made for #18 sumatriptan 25 mg date of service 07/18/2013; #30 Medrox patches; #120 omeprazole 20 mg; #60 ondansetron 4 mg; 120 cyclobenzaprine hydrochloride 7.5 mg; and #90 tramadol hydrochloride ER 150 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for #18 Sumatriptan 25mg DOS: 7/18/13: Upheld**

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

**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, Triptans.

**Decision rationale:** California MTUS/ACOEM does not address Triptans. Per Official Disability Guidelines Triptans are recommended for migraine sufferers. Clinical documentation

submitted for review indicated that the medication was being prescribed to the patient for migrainous headaches associated with chronic cervical spine pain. It was noted that the migrainous headaches were present at all times of increased pain in the cervical spine and associated with nausea which was noted to be a clear presentation of migrainous symptoms. However, there was a lack of documentation indicating the efficacy of the requested medication. Given the above and that Official Disability Guidelines recommend triptans for migraine sufferers, the retrospective request for #18 sumatriptan 25 mg date of service 07/18/2013 is not medically necessary.

**Retrospective request for #30 Medrox patches DOS: 7/18/13: Upheld**

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

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

**Decision rationale:** CA MTUS does not specifically address Medrox, however, 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 one 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." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review indicated that the medication Medrox was being prescribed to the patient to reduce inflammation and relieve acute pain. It was stated the patient's symptoms were not alleviated through over the counter medications. However, clinical documentation submitted for review failed to provide the efficacy of the requested medication and failed to provide exceptional factors to warrant nonadherence to guideline recommendations for nonuse of the 0.0375% capsaicin. As such, the retrospective request for #30 Medrox patches date of service 07/18/2013 is not medically necessary.

**Retrospective request for #120 Omeprazole 20mg DOS: 7/18/13: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend PPIs for treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient

was prescribed omeprazole for GI symptoms to protect the stomach and prevent GI complications. The patient was noted to have a history of epigastric pain and stomach upset while using NSAIDS in the past. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication, and it failed to provide the patient had current symptoms of epigastric pain or stomach upset, additionally, it fails to provide the necessity for 120 pills for a 1 month supply. Given the above, the request for #120 omeprazole 20 mg date of service 07/18/2013 is not medically necessary.

**Retrospective request for #60 Ondansetron 4mg DOS: 7/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain (Chronic). .

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

**Decision rationale:** California MTUS/ACOEM guidelines do not address ondansetron. Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The clinical documentation submitted for review indicated that the patient was using ondansetron for a side effect of nausea with cyclobenzaprine and other analgesics. However, it failed to provide the medication was efficacious for the patient and it failed to include that there were exceptional factors to warrant nonadherence to guideline recommendations and failed to provide the efficacy of the requested medication. Given the above, the request for #60 ondansetron 4 mg date of service 07/18/2013 is not medically necessary.

**Retrospective request for #120 Cyclobenzaprine Hcl 7.5mg DOS: 7/18/13: Upheld**

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

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

**Decision rationale:** Per California MTUS, Cyclobenzaprine is recommended as an option, using a short course of therapy. The clinical documentation submitted for review indicated the patient had palpable muscle spasms and it was stated that the patient would benefit from off label capacity as a sleep aid as the chronic pain experienced caused sleep disruption. It was stated the patient was aware it should only be taken for a short course of acute spasms and it should be taken 1 tablet by mouth every 8 hours, not to exceed more than 3 per day. Clinical documentation submitted for review indicated that this was the first time the patient was taking this medication for muscle spasms. It was noted the patient was taking cyclobenzaprine for a short time, however, if it was to be used for a short time, less than 2 weeks - 3 weeks as per California MTUS guidelines, clinical documentation submitted for review failed to provide the

necessity for 120 pills. Given the above, the request for 120 cyclobenzaprine hydrochloride 7.5, DOS 07/18/2013, is not medically necessary.

**Retrospective request for #90 Tramadol Hydrochloride ER 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Tramadol Page(s): s 78, 82.

**Decision rationale:** CA MTUS Guidelines recommend tramadol; however, do not recommend it as a first line therapy. The clinical documentation submitted for review indicated that the patient was being prescribed tramadol for severe pain and the dosage was 1 tablet per day as needed for pain. It was stated the patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition. It was further stated the use of opioids in the past had decreased similar acute flare ups with the patient demonstrating improvement in function. While clinical documentation submitted for review indicated the patient had taken opioids in the past and that the medication would be once a day as needed for pain, it failed to provide the necessity for #90 tramadol. Given the above, the request for #90 tramadol hydrochloride ER 150 mg is not medically necessary.