

<b>Case Number:</b>	CM13-0017475		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	08/07/1997
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 65 year old female who reported an injury 08/07/1997. The mechanism of injury was not provided. Her diagnoses include failed back syndrome, lumbar radiculopathy, and cervical radiculopathy. She had a spinal cord stimulator placed in 2013. The latest clinical note available states that the patient continued to complain of pain on a level of 7-8/10, she had decreased sensation to light touch and pin prick to the C5, C6, C7, C8, L3, L4, L5, and S1 dermatomes, decreased motor strength of 4/5 to upper and lower extremities bilaterally and a positive straight leg raise on the right. It is also noted that the patient does not need to take the pain medication every day, and does experience side effects when it is taken, notably nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion:** 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.

**Decision rationale:** California MTUS Guidelines recommend topical analgesics for neuropathy after there has been documented evidence that the first line treatments have failed, to include

antidepressants and anticonvulsants. In regard to topical Lidocaine, the guidelines do not recommend its use in the form of a lotion or gel, only a dermal patch. Capsaicin is not recommended in formulations in excess of 0.025% as there is no evidence to suggest greater efficacy. The current request uses a formulation of 0.035%. Due to the lack of objective evidence indicating a failed course of antidepressants or anticonvulsants, and formulations of ingredients that are not recommended by the guidelines. The request for Terocin lotion is not medically necessary and appropriate.

**Ondansetron 4mg #10: 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), Chronic Pain

**Decision rationale:** California MTUS and ACOEM guidelines did not specifically address the use of ondansetron or other antiemetics when used for nausea caused by opioid use. Therefore, the Official Disability Guidelines were supplemented. Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. The request for ondansetron is not medically necessary and appropriate.

**Trazodone 50mg #60: 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 Antidepressants Page(s): 13-14.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line treatment for neuropathic pain. However, it is recommended that efficacy be documented and include objective findings in regard to pain outcomes, function, decreased use of other analgesics, sleep quality and duration, and a psychological assessment. Guidelines also state that long term effectiveness has not been established, and if the patient is experiencing a decrease in pain levels, then tapering of the drug should begin. In the records provided for review, there was no objective documentation of the medication's efficacy, nor was there information on how long the patient has been on this therapy. The request for trazodone is not medically necessary and appropriate.

**Tizanidine 4mg #90: 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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a short term, second line treatment of acute exacerbations of chronic low back pain, however in most cases, they provide no greater efficacy than NSAIDs. Tizanidine in particular, is used to manage spasticity. There was no documentation of the presence of muscle spasms in the most recent clinical note dated 07/30/2013 and therefore, no indication of the need for this drug. The request for tizanidine is not medically necessary and appropriate.

**Hydrocodone/APAP 10, 325mg #90:** 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 Opioids Page(s): 74-80.

**Decision rationale:** The California MTUS Guidelines recommend review and documentation for ongoing use of opioids. This documentation should include monitoring of the amount of pain relief using a VAS scale, side effect, physical and psychosocial function, and potential for any aberrant behaviors. There should also be frequent drug screens. In the records provided for review, it is noted that the patient does not take the drug every day and when she does, she experiences occasional nausea for which she feels the need for pharmaceutical intervention. There is no evidence that the pain medication has decreased her pain levels on a VAS score, and no objective documentation as to improved function. There were also no recent results of a urine drug screen, and the last mention of one being done was in August of 2012. The request for hydrocodone is not medically necessary and appropriate.

**Omeprazole 20mg #30:** 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); Pain, Proton Pump Inhibitors

**Decision rationale:** The California MTUS and ACOEM guidelines did not specifically address the use of proton pump inhibitors, so the Official Disability Guidelines were supplemented. The guidelines do not recommend the long term use of omeprazole, stating that they PPIs should be utilized for a recognized indication for the shortest time possible. The proton pump inhibitors are indicated for use for patients at risk of GI events, to include those taking NSAIDs. In the most recent note, there is no evidence of gastrointestinal events when the opioids are not being used, nor is there mention of the patient using NSAIDs on a routine basis. The request for omeprazole is not medically necessary and appropriate.

