

<b>Case Number:</b>	CM13-0018204		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/30/2007
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of March 30, 2007. A utilization review determination dated August 13, 2013 recommends non-certification of vitamin B12 complex IM injection, ondansetron ODT, cyclobenzaprine hydrochloride, tramadol hydrochloride ER 150 mg, and Medrox ointment. A progress report dated June 10, 2013 identifies subjective complaints stating, "the patient has increasing pain of the low back which radiates to the right lower extremity with numbness and tingling. There are headaches that are migrainous in nature associated with periods of increased pain in the cervical spine. The patient reports these headaches do cause nausea that is not alleviated by Prilosec. I have explained to the patient these types of headaches are common with the type of abnormalities noted in the cervical spine. The patient notes compliance with the medications provided to him in the past but complains of an upset stomach with the use of naproxen. He explains he continues to utilize the naproxen as it offers him temporary relief allowing him to perform his activities of daily living." Physical examination identifies, "examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the right L5 and S1 dermatomes." Diagnosis states lumbar herniated nucleus pulposus with radiculitis. Treatment plan includes B12 intramuscular injection, ondansetron "to be taken as needed for nausea, no more than twice a day. The patient has complained of nausea associated with the cyclobenzaprine, which she is taking for her muscle spasms. No other medication has alleviated this side effect and she has described a relief of the nauseousness with the use of this medicine." The note goes on to recommend cyclobenzaprine "for the palpable paravertebral muscle spasms noted in the lumbar spine today. The patient described having relief of the symptoms with the use of this medica

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Request for 1 vitamin B-12 complex intramuscular injection: 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 Chapter, Vitamin B.

**Decision rationale:** Regarding the request for "vitamin B12 complex intramuscular injection," California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not recommended. As such, the current request for "vitamin B12 complex intramuscular injection" is not medically necessary.

### **Request for prescription of 60 Ondansetron Orally Disintegrating Tablet 8mg: 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 Antiemetics.

**Decision rationale:** Regarding the request for "ondansetron orally disintegrating tablet," California MTUS guidelines do not contain criteria for the use of anti-emetics. ODG states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to state that anti-emetics are recommended for acute use per FDA approved indications. Within the documentation available for review, it appears that the ondansetron is being prescribed to treat nausea associated with cyclobenzaprine. Since the cyclobenzaprine is not medically necessary, the ongoing use of ondansetron is not medically necessary.

### **Request for prescription of 120 Cyclobenzaprine Hydrochloride 7.5 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-66.

**Decision rationale:** Regarding request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Guidelines go on to recommend cyclobenzaprine specifically for a short course of therapy only. Within the documentation available for review, it appears that cyclobenzaprine has been prescribed

consistently over the past year. The requesting physician has stated that the medications only to be used for short courses for flare-ups. However, he has not identified how frequently the medication is being used, what the criteria for a flare-up might be, and whether there is any objective functional improvement as a result of the use of cyclobenzaprine. Additionally, there appears to be significant side effects as a result of the cyclobenzaprine including nausea requiring the prescription of anti-nausea medication. Furthermore, there is no statement indicating whether first-line treatments for muscle spasm have been attempted such as stretching, heat and ice, biomechanics, and massage. In the absence of clarity regarding those issues, the currently requested cyclobenzaprine is not medically necessary.

**Request for prescription of 90 Tramadol Hydrochloride Extended Release 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 75-79.

**Decision rationale:** Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. It is unclear how long the Ultram has been prescribed. If the Ultram is being prescribed for the first time, guidelines recommend setting treatment goals prior to the initiation of opiates. Guidelines also recommend assessing baseline pain and functional assessment, prior to initiating opiates. If this is the first time Ultram has been prescribed, there is no indication of treatment goals being set, baseline pain and functional assessment, or of any objective functional deficits, which are expected to be improved with the addition of an opiate. In the absence of clarity regarding those issues, the currently requested Ultram is not medically necessary.

**Request for 2 prescriptions of Medrox ointment 120gm: Upheld**

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

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

**Decision rationale:** Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that

the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.