

Case Number:	CM13-0024822		
Date Assigned:	09/08/2014	Date of Injury:	06/24/1992
Decision Date:	12/17/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Pain Medicine 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 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:

This is a female patient with a date of injury of June 24, 1992. A utilization review determination dated September 3, 2013 recommends non-certification of Medrox Patch #30, Naproxen Sodium tablets 550mg, Omeprazole delayed release capsule 20mg #120, Ondansetron ODT tablets 4mg #30 x1 Qty 60, Cyclobenzaprine hydrochloride tablets 7.5mg #120, Tramadol hydrochloride ER 150mg #90, Sumatriptan succinate tablets 25mg #9, Levofloxacin 750mg #20, and Quazepam tablets USP 15mg CIV Qty 30. A progress note dated August 22, 2013 identifies subjective complaints of the patient is to undergo surgical intervention to the cervical spine to remove implants. The patient has continued symptomology and cervical spine and wishes to proceed with the recommended surgery. The patient complains of symptomology in the upper extremities consistent with double crush syndrome. The physical examination reveals cervical paravertebral muscle spasm, tenderness of the right shoulder anteriorly, tenderness around the anterior glenohumeral region and subacromial space with significant tenderness noted over the top of the acromioclavicular joint of the left shoulder, and bilateral upper extremities reveal positive Tinel's sign of both the bilateral cubital fossa and wrists. The diagnoses include status post C6-7 revision fusion with repair of pseudo-arthrosis and C4-5 total disc replacement, status post right shoulder arthroscopy with right labral repair, overuse syndrome left shoulder secondary to overcompensation from ongoing pain in the right shoulder, and cubital/carpal tunnel/double crush syndrome. The treatment plan recommends bilateral cubital and carpal tunnel releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30 with date of service 08/22/2013: Upheld

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

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

Decision rationale: Regarding request for Medrox patch #30, 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. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. 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, guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of Capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox patch #30 is not medically necessary.

Naproxen Sodium tablets 550mg with date of service 8/22/20103: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen sodium tablets 550mg, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen sodium tablets 550mg is not medically necessary.

Omeprazole delayed release capsule 20 mg #120 with date of service 8/22/2013: 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), Pain (Chronic) Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Omeprazole delayed release capsule 20mg #120, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole delayed release capsule 20mg #120 is not medically necessary.

Ondansetron ODT tablets 4 mg #30 x 1 QTY 60 with date of service 8/22/2013: 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), Pain (Chronic), Antiemetics (for Opioid Nausea).

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 Chapter, Antiemetics.

Decision rationale: Regarding the request for Ondansetron ODT tablets 4mg #30 x1 QTY 60, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested Ondansetron ODT tablets 4mg #30 x1 QTY 60 is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 with date of service 8/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Cyclobenzaprine (Flexeril)

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

Decision rationale: Regarding the request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine Hydrochloride tablets 7.5mg #120 are not medically necessary.

Tramadol Hydrochloride ER 150mg #90 with date of service 8/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tramadol Hydrochloride ER 150mg #90, California Pain Medical Treatment Guidelines states that Ultram is an 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 medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested tramadol Hydrochloride ER 150mg #90 is not medically necessary.

Sumatriptan Succinate tablets 25mg #9 with date of service 8/22/2013: 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) Head Chapter, Triptans, http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html

Decision rationale: Regarding the request for Sumatriptan Succinate tablets 25mg #9, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and

how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested Sumatriptan Succinate tablets 25mg #9 is not medically necessary.

Levofloxacin 750mg #20 with date of service 8/22/2013: 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 Clinical Practice Guideline for the Patient Safety at Surgery Settings.

Decision rationale: Regarding the request for Levofloxacin 750mg #20, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, it is unclear in what capacity the Levofloxacin will be utilized. As such, the currently requested Levofloxacin 750mg #20 is not medically necessary.

Quazepam tablets USP 15mg CIV QTY 30 with date of service 8/22/2013: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Quazepam tablets USP 15mg CIV QTY 30, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Quazepam tablets USP 15mg CIV QTY 30 is not medically necessary.