

<b>Case Number:</b>	CM13-0026823		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 57-year-old male who reported an injury on 03/06/2013 when while working for the [REDACTED], he sustained injuries to his low back. The injured worker's prior treatment history included an electromyography (EMG) and nerve conduction velocity studies, MRI studies, x-ray studies, and medications. The injured worker was evaluated on 06/03/2013 and it was documented that the injured worker complained of sexual dysfunction. He was given papillary shots and Viagra which makes intercourse possible. However, he was complaining of urinary incontinence. He was wearing Depends on a daily basis. The physical examination revealed of the cardiovascular revealed a regular rate and rhythm without murmur, gallop, or click. The abdomen was soft, no tender, and without hepatosplenomegaly or masses. The diagnoses included prostate cancer, status post prostatectomy, erectile dysfunction, urinary incontinence, history of chronic kidney disease, status post percutaneous transforaminal coronary angioplasty X 2 hypertension, and left ventricular hypertrophy. The provider was recommending physical therapy twice a week for 4 weeks. Medications included naproxen 550 mg, omeprazole 20 mg, Ondansetron ODT 8 mg, cyclobenzaprine 7.5 mg, tramadol ER 150 mg, quazepam USB (?) 15 mg, and Medrox patches. The request for Authorization dated 09/09/2013 was for medications for date of service 09/05/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550mg #120 provided on 9/5/13: 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 NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that non-steroidal anti-inflammatory drugs (NSAIDs) are more effective than acetaminophen for acute low back pain (LBP). For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency, duration. Given the above, the request for the Naproxen Sodium 550 mg, #120 provided on 09/05/2013 is not medically necessary.

**Omeprazole 20mg #120 provided on 9/5/13: 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 Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The requested is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request submitted for the injured worker. Given the above, the request for Omeprazole 20 mg #120 provided on 09/05/2013 is not medically necessary.

**Ondansetron 8mg #60 provided on 9/5/13: 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 (Chronic), Antiemetic's (for opioid nausea)

**Decision rationale:** The request for Ondansetron 8mg # 60 provided on 09/05/2013 is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Ondansetron. Additionally, the documentation provided does not indicate the injured worker having a diagnoses of cancer or acute/postoperative therapy. Given the above, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #120 provided on 9/5/13: 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 (Flexeril) Page(s): 41.

**Decision rationale:** The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. Additionally, the request failed to indicate frequency and duration of medication. As, such, the request for Cyclobenzaprine 7.5 mg, # 120 mg provided on 09/05/2013 is not medically necessary.

**Tramadol hydrochloride ER 150mg #90 provided on 9/5/13: 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 Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Tramadol Hydrochloride ER 150 mg # 90 provided on 09/05/2013 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. Given the above the request for Tramadol ER150mg. As such, the request is not medically necessary.

**Quazepam 15mg #30 provided on 9/5/13: 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The requested is not medically necessary. Per California MTUS Chronic Pain Treatment Guidelines state 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 four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxers. Chronic benzodiazepines are the treatment of choice in very few conditions. It also states that 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. There is ongoing documentation indicated Quazepam prescription from at least 09/05/2013. The guidelines do not support the long term use of benzodiazepines. Therefore, the continued use of Quazepam is not supported. As such the request for Quazepam 15 mg # 30 provided on 09/05/2013 is not medically necessary.

**Medrox patches #30 provided on 9/5/13: 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 Analgesics Page(s): 111-113.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also

state that any compounded product contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. The request failed to indicate location where Medrox Patches are required. Given the above, the request for Medrox Patches # 30 provided on 09/05/2013 is not medically necessary.