

Case Number:	CM13-0036680		
Date Assigned:	12/13/2013	Date of Injury:	02/07/2011
Decision Date:	04/11/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 57-year-old female who was injured on February 7, 2011. The patient continued to experience pain in the cervical spine with chronic headaches. Physical examination was notable for spasm in the paravertebral muscles and upper trapezoidal muscles. Range of motion of the cervical spine was painful and restricted and there was dysesthesia at C5-C7. Diagnosis was cervical discopathy/radiculitis. Treatment included physical therapy, acupuncture, and medications. The patient was scheduled for cervical spine surgery in October 2013. Requests for authorization for Quazepam 15 mg # 30, Naproxen 550 mg #100, Cyclobenzaprine 7.5 mg # 120, Tramadol Rf 150 mg # 90, Ondansetron 8 mg # 60, Omeprazole 20 mg #120, and Terocin patches # 10 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 QUAZEPAM 15MG ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(S) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, , Insomnia treatment

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as Opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the Quazepam was ordered for insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Treatments that are thought to probably be efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Adding a prescription sleeping pill to cognitive behavioral therapy (CBT) appears to be the optimal initial treatment approach in patients with persistent insomnia, but after 6 weeks, tapering the medication and continuing with CBT alone produced the best long-term outcome. There is no documentation that the patient had evaluation of potential causes of insomnia or that she tried CBT. CBT should be tried prior to prescription medication. Medical necessity has not been established.

100 NAPROXEN 550MG ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Naproxen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 67-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. In this case the patient had been receiving the medication since at least March 23, 2011 without obtaining analgesia. The risk of adverse effects is high compared with the efficacy of the medication. The request is not medically necessary.

120 CYCLOBENZAPRINE 7.5MG ([REDACTED]): Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case the patient had been on muscle relaxants since May 2011. Cyclobenzaprine was initiated in February 2012. The duration of treatment surpasses the recommended duration in MTUS guidelines. This medication is intended for short-term use. The request is not medically necessary.

90 TRAMADOL RD 150MG ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intercession Page(s): 74-96.

Decision rationale: Tramadol is a synthetic Opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other Opioids. Chronic Pain Medical Treatment Guidelines state that Opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-Opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, Opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the Opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS (non-steroidal anti-inflammatory drugs) have failed. In this case the patient had been taking the Tramadol since at least May 2013. The patient continued to experience persistent back pain despite the long-term use of the medication. Tramadol is recommended for short-term use only. Risk of adverse effects is high with this medication and medical efficacy has not been established. The request is not medically necessary.

60 ONDANSETRON 8MG ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Ondansetron is an antiemetic. Antiemetics are not recommended for nausea and vomiting secondary to chronic Opioid use. Nausea and vomiting is common with use of Opioids and tends to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other causes should be considered and ruled out. This medication is not recommended therefore is not medically necessary.

120 OMEPRAZOLE 20MG ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. Medical necessity is not established, therefore is not medically necessary.

10 TEROGIN PATCHES ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 28, 105, 111-112.

Decision rationale: Terocin is a topical multidrug compound, which contains Methylsalicylate, Capsaicin, Lidocaine, and Menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. There are no guidelines present for menthol. In this case there are no indications for capsaicin, menthol, or Lidocaine

and they are not recommended. The Terocin contains drugs that are not recommended. Therefore request is not medically necessary.