

Case Number:	CM13-0044813		
Date Assigned:	12/27/2013	Date of Injury:	09/03/1973
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Interventional Spine 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:

The patient is a 63 year old male with a date of injury of 09/03/1973. The listed diagnoses per [REDACTED] are: 1. Status post cervical reconstruction with hybrid construct 2. Status post right and left carpal tunnel release (2010) 3. Double crush syndrome 4. Lumbar discopathy 5. Status post right knee surgery x3 with DJD 6. Internal derangement bilateral knees The dates of the cervical reconstruction and 3 right knee surgery were not provided for review. However, given the listed diagnoses are the same on report dated 07/17/2013, it is clear is it prior to January 2013. According to report dated 09/05/2013 by [REDACTED], the patient presents with cervical and lumbar spine pain with headaches. Patient also has some residual symptomatology in his bilateral elbows, wrists and knees. Examination of the cervical spine revealed tenderness at the paravertebral muscle and upper trapezial muscle with spasm. Examination of the bilateral elbow revealed tenderness at the olecranon fossa and the left lateral epicondyle. There is positive Cozen's and Tinel's sign and pain with terminal flexion. Examination of the bilateral wrist showed well-healed CTR scar with some tenderness at the right fifth A-1 pulley with triggering and pain with terminal flexion. Examination of the lumbar spine showed tenderness from the mid to distal lumbar segments with positive seated nerve root test and dysesthesia at the L5-S1 dermatome. Examination of the bilateral knees revealed positive McMurray's and patellar compression test. Patient's medication regimen includes Naproxen 550mg, Cyclobenzaprine 7.5mg, Ondansetron 8mg, Omeprazole 20mg, Quazepam 15mg, Tramadol ER 150mg, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 NAPROXEN SODIUM 550MG (EXPRESS SCRIPTS): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 60,61.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting a refill of Naproxen 550mg #100 for patient's inflammation and pain. For antiinflammatory medications, the MTUS Guidelines page 22 states "antiinflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." It further states that NSAIDs are supported for the treatment of chronic LBP. Medical records indicate this patient has been prescribed Naproxen since 09/22/2010. Progress report from 08/17/2011 states patient is receiving temporary relief with Naproxen. The medication is allowing him to continue to function on a daily basis and perform his daily activities. Report from 06/13/2013 also documents patient continues to utilize Naproxen "as it offers him temporary pain relief." MTUS page 60 requires pain assessment and functional changes be documented when medication is used for chronic pain. The requested naproxen is medically necessary and recommendation is for approval.

120 CYCLOBENZAPRINE 7.5MG (EXPRESS SCRIPTS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting a refill of Cyclobenzaprine 7.5 #120. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed this medication since 06/13/2013. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Cyclobenzaprine is not medically necessary and recommendation is for denial.

60 ONDANSETRON 8MG (EXPRESS SCRIPTS): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting a refill of Ondansetron 8mg #60 for patient's nausea. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran®): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." It appears the treater is requesting this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of Ondansetron for medication-induced nausea. Recommendation is for denial.

120 OMEPRAZOLE 20MG (EXPRESS SCRIPTS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting a refill of Omeprazole 20mg #30 for patient's "upset stomach," and recommends patient take it in conjunction with his pain and anti-inflammatory medication to prophylactically protect his stomach and prevent GI complications. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records show this patient has been on Naproxen and Omeprazole since 09/22/2010. As medical records document, the treater is prescribing this medication to protect against stomach and GI complications. However, there is no documentation of any GI symptoms requiring protection. Routine use of PPI for prophylaxis is not supported without GI assessment. Recommendation is for denial.

30 QUAZEPAM 15MG (EXPRESS SCRIPTS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting Quazepam 15mg #30. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." As medical records document, this patient has been prescribed this medication since 04/27/2011. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the treater has been prescribing this medication for a long-term basis, recommendation is for denial.

90 TRAMADOL HYDROCHLORIDE ER (EXPRESS SCRIPT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting a refill of Tramadol ER 150mg #30. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Medical records show patient has been taking Tramadol ER since 06/13/2013 for pain. Subsequent monthly reports from July, Aug, Sept and Oct provide no discussions regarding how Tramadol has been helpful in terms of decreased pain or functional improvement. In addition, the treater does not use any numerical scales to assess patient's pain and function as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

10 TEROGIN PATCHES (EXPRESS SCRIPT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56,57.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with neck, low back, bilateral wrist, and elbow and knee pain. The treater is requesting Terocin patches. The MTUS Guidelines page 112 states under lidocaine indications are for neuropathic pain

"recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." This patient has been using Terocin patches since 01/07/2013. A review of medical records dating from 02/14/2013 to 10/08/2013 does not show evidence of "localized peripheral pain." The treater appears to be using the patches for the patient's musculoskeletal complaints which are not supported by the guidelines. Furthermore, the treater does not prove any discussion on the efficacy of these patches, if any. The requested Terocin patches are not medically necessary, and recommendation is for denial.