

<b>Case Number:</b>	CM13-0051754		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational 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:

The claimant was injured due to cumulative trauma from 12/30/88 to 07/30/13. He has been prescribed naproxen, cyclobenzaprine, ondansetron, omeprazole, tramadol ER, and Terocin patches. On 11/13/13, he saw [REDACTED] for neck and lower back pain, left elbow pain, and bilateral ankle, knee, and hand pain. MRIs and EMG/NCV were ordered by [REDACTED]. He had several injuries involving different body parts dating back to July 1991. He had an MRI of the lumbar spine in December 2004 that revealed multilevel degenerative changes with annular bulges and bulging discs. There was mild facet arthropathy at L4-L5. There was a central disc protrusion with an annular tear at L5-S1 with facet arthropathy. He had frequent pain in his neck, low back, both knees, both ankles, his left elbow and hand that was worse with activity. He had a significant ring finger degloving injury in the past. Neck exam revealed muscle spasm and a positive axial loading compression test which extended symptoms into the upper extremities. He had pain and tenderness in the low back with guarded and limited range of motion. Nerve root test was positive. He had tenderness of the anterior joint line space of those knees with positive patella compression test and McMurray signs. He had positive Tinel's at the left elbow and left wrist. He has tenderness of the wrist and a weak grip. He had tenderness of the anterior lateral ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #120:** 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 Chronic Pain Guidelines Page(s): 74.

**Decision rationale:** The CA MTUS states cyclobenzaprine may be recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril; 1/2) 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. (Browning, 2001) Treatment should be brief. Additionally, MTUS states relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary.

**ONDANSETRON ODT 8MG #30 X 2:** 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) Formulary/Ondansetron

**Decision rationale:** The ODG Formulary states Zofran may be recommended for acute use as per FDA-approved indications. Nausea and vomiting is common with medication use, including chemotherapy and the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting becomes prolonged, a workup is typically recommended. This drug 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. The ODG do not support the use of this medication in the circumstances described in these records. There is no documentation of significant nausea or vomiting in the file and the severity of the claimant's complaints is unclear. The provider's office notes do not mention these types of symptoms and [REDACTED] did not recommend treatment of this type. No GERD was present when he was evaluated. The pattern of symptoms and use of this medication, including the degree and duration of relief of these symptoms have not been described. The medical necessity of the ongoing use of this medication has not been clearly demonstrated and Zofran 8 mg #30 x 2 is not medically necessary.

**TEROCIN PATCH #10:** 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 CA MTUS states that topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. The claimant was prescribed oral medications, also, with no documentation of side effects or lack of effect. The medical necessity of this request for Terocin patch #10 has not been clearly demonstrated.