

Case Number:	CM13-0053145		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2006
Decision Date:	07/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60 year old female who sustained an injury on 09/06/06 due to cumulative trauma. No specific mechanism of injury was noted. Prior treatment for the injured worker has included psychotherapy as well as chiropractic treatment. The injured worker continued to report consistent complaints of pain in the neck as well as the low back that was aggravated with activity. Prior medications have included the use of Omeprazole, Ondansetron, and topical Medrox ointments. The injured worker was noted to have had prior acid reflux and gastrointestinal distress with the use of anti-inflammatories. The most recent assessment for the injured worker was from 06/26/13 which noted continued tenderness to palpation of the neck and low back with restricted and painful range of motion. The injured worker did describe dyesthesia in a L5-S1 distribution to lower extremities. There were noted positive Tinel's and Phalen's signs of the bilateral wrist. The injured worker did have urine drug screen reports from 09/12/13 noting positive findings for Tramadol and Venlafaxine. The requested medications to include Omeprazole DR, Tizanidine, Ondansetron, Cyclobenzaprine, Tramadol, Terocin patches, and topical compounded medications including Ketoprofen, Lidocaine, Capsaicin, Tramadol, Flurbiprofen, Cyclobenzaprine, and Lidoderm were all denied by utilization review 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release: Upheld

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

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

Decision rationale: In regards to the request for Omeprazole DR, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Although previous reports did note the injured worker had gastrointestinal upset with the use of anti-inflammatories, there is no indication from the clinical reports the injured worker continued to utilize anti-inflammatories beyond June of 2013. Per the report on 06/26/13 there was no listed anti-inflammatory as an active medication. No further clinical reports were provided for review indicating that anti-inflammatories had been prescribed to the injured worker. Furthermore, the request was not specific in regards to quantity, dose, duration, or frequency. Therefore, this reviewer would not have recommended this medication as medically necessary.

Tizanidine Hydrochloride: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Tizanidine, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. As of June of 2013, Tizanidine was not a listed medication. There are no further clinical reports for the injured worker after June of 2013 indicating this medication was prescribed. Given the paucity of clinical information available for review to support the use of this medication and the lack of a sufficient rationale, this reviewer would not have recommended this request as medically necessary.

Ondansetron ODT: 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 Chapter.

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

Decision rationale: In regards to the request for Ondansetron, this reviewer would not have recommended this medication as medically necessary. There is no indication from the clinical records that the injured worker was actively undergoing chemotherapy or radiation therapy or had recently undergone a surgical intervention with post-operative nausea and vomiting side effects. The use of Ondansetron on this injured worker is not consistent with FDA indications for this medication and this medication was prescribed on an off-clinical basis. As such, this reviewer would not have recommended this request as medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Cyclobenzaprine, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. As of June of 2013, Cyclobenzaprine was not a listed medication. There are no further clinical reports for the injured worker after June of 2013 indicating this medication was prescribed. Given the paucity of clinical information available for review to support the use of this medication and the lack of a sufficient rationale, this reviewer would not have recommended this request as medically necessary.

Tramadol Hydrochloride: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. As of June of 2013, Tramadol was not a listed medication. There are no further clinical reports for the injured worker after June of 2013 indicating this medication was prescribed. Given the paucity of clinical information available for review to support the use of this medication and the lack of a sufficient rationale, this reviewer would not have recommended this request as medically necessary.

Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: In regards to the request for Terocin, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. As of June of 2013, Terocin was not a listed medication. There are no further clinical reports for the injured worker after June of 2013 indicating this medication was prescribed. Given the paucity of clinical information available for review to support the use of this medication and the lack of a sufficient rationale, this reviewer would not have recommended this request as medically necessary.

Ketop/Lidoc/Cap/Tram (15%, 1%, 0.0125%) liquid with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: In regards to the request for a topical compounded medication that includes Ketoprofen, Lidocaine, Capsaicin, and Tramadol; this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. As of June of 2013, this requested compounded topical medication was not a listed active medication. There are no further clinical reports for the injured worker after June of 2013 indicating this medication was prescribed. Given the paucity of clinical information available for review to support the use of this medication and the lack of a sufficient rationale, this reviewer would not have recommended this request as medically necessary.

Flur/Cyclo/Caps/Lid (10%, 2%, 0.0125, 1%) liquid with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: In regards to the request for a topical compounded medication that includes Flurbiprofen, Cyclobenzaprine, Capsaicin, and Lidocaine; this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. As of June of 2013, this requested compounded topical medication was not a listed active medication. There are no further clinical reports for the injured worker after June of 2013 indicating this medication was prescribed. Given the paucity of clinical information available for review to support the use of this medication and the lack of a sufficient rationale, this reviewer would not have recommended this request as medically necessary.

