

Case Number:	CM13-0059004		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2008
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a female patient with a date of injury of August 23, 2008. A utilization review determination dated October 28, 2013 recommends noncertification of ondansetron, Terocin, and modified certification of hydrocodone/acetaminophen. A progress report dated October 9, 2013 includes subjective complaints of low back pain radiating into the left foot rated as 8-9/10 on the pain scale. The note indicates that the patient takes Norco 3 per day, Flexeril 2 per day, Topamax, and Senokot for constipation. The note indicates that the medications help with her pain and normalize function, and cause no side effects. Her pain is reduced from 8-9/10 to 5-6/10 with medication use. Objective findings identify tenderness to palpation in the lumbar spine with spasms, decreased range of motion in the lumbar spine, and decreased sensation in the L5 and S1 dermatomes on the left. The patient also has reduced motor strength on the left lower extremity. Diagnoses included left-sided lumbar radiculopathy and lumbar disc herniation at L4-5 with moderate to severe neuroforaminal narrowing. Current treatment plan recommends continuing Norco, Terocin, and prescription for ondansetron. Additionally, a G.I. consult is requested for hemorrhoids. A previous note dated August 28, 2013 indicates that the patient is to undergo a trial of Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Hcl 4mg tablet, #10: Upheld

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

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

Decision rationale: Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

#1 Terocin Pain Patch box (10 patches) x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Topical Lidocain, Capsaicin Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Topical Lidocain, Capsaicin Page(s): 111-112,113.

Decision rationale: Regarding request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocain and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

Hydrocodone/APAP 10/325mg #135: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-79.

Decision rationale: Regarding the request for hydrocodone/acetaminophen (Norco), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified and that the patient's pain is significantly reduced with Norco. Additionally, the requesting physician has stated that the pain medication "normalizes" the patient's function. There is also documentation that there have been no side effects from its use. Although there is concern regarding the nonspecific nature of the functional improvement from this medication, as well as no recent discussion regarding any concern for aberrant use, the current request is for a one month supply. In light of the pain reduction, functional improvement, and lack of side effects, it seems reasonable to continue the medication for one more month (as requested) to allow the requesting physician time to document functional improvement more specifically, and discuss any concern for aberrant use. As such, the currently requested Norco 10/325 mg #135 is medically necessary.

Cyclobenzaprine 7.5mg tablet #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine (it is unclear whether the described pain reduction and functional improvement are a result of the hydrocodone or the Flexeril which was started in August 2013). Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. As such, the currently requested Flexeril is not medically necessary.