MAXIMUS Federal Services

Case Number:	CM13-0059831		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2013
Decision Date:	07/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a 38-year-old male who has filed a claim for cervical and lumbar discopathy associated with an industrial injury date of April 09, 2013. Review of progress notes indicates improving low back and neck pain. Findings include tenderness of the cervical and lumbar regions, cervical and lumbar pain with terminal motion, increasing cervical range of motion, and positive seated nerve root test. Treatment to date has included NSAIDs, opioids, muscle relaxants, Ondansetron, Terocin patches, and physiotherapy chiropractic care.Utilization review from November 15, 2013 denied the requests for 10 Terocin patches as the components are not recommended for use; 100 naproxen sodium 550mg as there is no documentation regarding improvement in symptoms or function; 120 Cyclobenzaprine Hydrochloride 7.5mg as there is no documentation of improvement, and no documentation regarding acute exacerbations of symptoms; 60 Ondansetron ODT 8mg as there is no reason for use of this medication; and 120 Omeprazole DR 20mg as patient does not have risk factors for GI events. There is modified certification for 15 Tramadol Hydrochloride ER 150mg as there is no documentation of derived benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES QTY: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: Terocin Patch contains 4% Lidocaine and 4% Menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, there is no documentation regarding use and failure of first-line therapy. Therefore, the request for Terocin patches #10 was not medically necessary.

NAPROXEN SODIUM 550 MG, #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since May 2013. Recent progress notes indicate improvement of neck and low back pain and cervical range of motion, and reduction in areas of tenderness at the lumbar region. Continuation of this medication is a reasonable option for management of the patient's pain symptomatology. Therefore, the request for naproxen sodium 550mg #100 was medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since May 2013. There is no documentation of recent acute exacerbation of pain symptomatology. Also, this medication is not recommended for chronic use. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 was not medically necessary.

ONDANSETRON ODT 8 MG, #60: 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) Pain chapter, Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, Ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Patient has been on this medication since September 2013. In this case, patient does have complaints of nausea or vomiting. There is no rationale for the use of this medication. Therefore, the request for Ondansetron ODT 8mg #60 was not medically necessary.

OMEPRAZOLE DR 20 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since September 2013. However, there is no documentation of GI symptoms, or of the abovementioned risk factors in this patient. Also, this medication is dosed every 12 hours and there is no indication as to why 120 capsules are needed. Therefore, the request for Omeprazole DR 20mg #120 was not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since May 2013. However, there is no documentation regarding periodic urine drug screens to monitor medication use in this patient. Therefore, the request for Tramadol Hydrochloride ER 150mg #90 was not medically necessary.