

Case Number:	CM13-0067157		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2012
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 [REDACTED] employee who has filed a claim for left foot/ankle pain associated with an industrial injury date of January 25, 2012. Thus far, the patient has been treated with acetaminophen with codeine and use of castaway type boot. Review of progress notes showed intermittent pain of the left foot and ankle. There is also low back pain radiating to the left lower extremity. Mention of a left foot MRI from April 26, 2012 showed large cystic lesion in the cuboid with surrounding marrow edema and thinning of the articular cartilage, and an oblique, linear defect in the cuboid suggesting an old fracture line. Utilization review dated December 13, 2013 indicates that the claims administrator denied a request for Ondansetron ODT 8mg #60, Omeprazole DR 20mg #120, Tramadol ER 150mg #90, and Terocin patch #10. There was modified certification for Cyclobenzaprine 7.5mg from #120 to #42. The reasons for the denials were not submitted.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines page 63, 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, also show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no documentation regarding patient's current medication regimen, or if this patient has been on this medication in the past, given the 2-year history of date of injury. The patient is already on NSAID therapy and there are no findings to support the use of a muscle relaxant at this time. Therefore, the request for 120 Cyclobenzaprine 7.5mg was not medically necessary per the guideline recommendations of CA MTUS.

ONDANSETRON ODT 8MG, #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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (ONDANSETRON).

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 FDA was used instead. The U. S. FDA recommends the use of Ondansetron for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, there is no documentation that this patient is experiencing nausea and vomiting relating to chemotherapy, radiation therapy, and surgery that would necessitate this medication. Therefore, the request for 60 Ondansetron ODT 8mg was not medically necessary per the guideline recommendations of FDA.

OMEPRAZOLE DR 20MG, #120: Upheld

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

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

Decision rationale: According to 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. In this case, although the patient is on NSAID therapy, the patient does not have any risk factors to necessitate concurrent use of a proton pump inhibitor. Therefore, the request for 120 Omeprazole DR 20mg was not medically necessary per the guideline recommendations of CA MTUS.

TRAMADOL ER 150MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-81.

Decision rationale: As noted on pages 76-81 of the 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. A therapeutic trial of opioids is recommended in cases that the patient has failed a trial of non-opioid analgesics, and goals of therapy and baseline pain and functional assessments should be documented. In this case, there is note from May 31, 2013 that the patient was taking acetaminophen with codeine, but ran out of medications. Since then, there is no documentation of the patient's medication regimen. There is recent authorization for NSAIDs, and there is no documentation regarding failure of NSAID therapy to support addition of an opioid to the treatment regimen. Therefore, the request for 90 Tramadol ER 150mg was not medically necessary per the guideline recommendations of CA MTUS.

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no rationale as to the necessity of a topical medication in this patient, and guideline recommendations state that Lidocaine is not indicated for topical application.

Therefore, the request for 10 Terocin patch was not medically necessary per the guideline recommendations of CA MTUS.