

Case Number:	CM13-0068206		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2010
Decision Date:	05/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/12/2013

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, has a subspecialty in Interventional Spine 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 53-year-old female with date of injury of 01/31/2010. The listed diagnoses per [REDACTED] dated 09/10/2013 are: 1. Cervical discopathy. 2. Lumbar discopathy. 3. Carpal tunnel/cubital tunnel/double crush syndrome. 4. Status post right lateral epicondylar release. According to the report, the patient has persistent pain of the neck that radiates to the upper extremities with numbness and tingling. She has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. The physical examination of the cervicodorsal spine reveals tenderness at the cervicodorsal paravertebral muscles. There is the positive Tinel's and Phalen's sign. In addition, the lumbar spine remains unchanged. There is also tenderness from the mid to distal lumbar segments. Lastly, standing flexion and extension are guarded and restricted. The utilization review denied the request on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, QUANTITY OF ONE HUNDRED (100): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain NSAID's Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, low back, and bilateral upper extremity pain. This patient is status post right lateral epicondylar release. The treater is requesting a refill for naproxen sodium 550 mg. The MTUS Guidelines support NSAIDs for chronic low back pain, although it is effective for short-term relief. MTUS requires, however, documentation of pain and function for medications used for chronic pain (p60,61). This patient has been on naproxen since 2009. The review of reports from 01/31/2013 to 12/14/2013 do not show any documentation of medication efficacy from naproxen use. It is not known whether or not the patient is actually taking this medication and with what efficacy. Given the lack of adequate documentation, recommendation is for denial. The request for Naproxen Sodium 550mg, #100 is not medically necessary.

CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Pain-Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid®®, Generic Available) Page(s): 64.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, back, and bilateral upper extremity pain. The treater is requesting a refill for cyclobenzaprine. The MTUS Guidelines page 64 recommends cyclobenzaprine as a short-course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. Review of reports showed that the patient has been using cyclobenzaprine since 05/2013. MTUS does not recommend long-term use of this medication. Recommendation is for denial. The request for Cyclobenzaprine 7.5mg is not medically necessary.

SUMATRIPTAN SUCCINATE 25MG (#9 WITH TWO (2) REFILLS) QUANTITY OF EIGHTEEN (18): 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)

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, back, and bilateral upper extremity pain. The treater is requesting a refill for sumatriptan succinate 25 mg. The MTUS and ACOEM Guidelines are silent with regards to the request. However, ODG on triptans for headaches states that it is recommended for migraine sufferers only, and not for chronic neck pain or cervicogenic headaches. Review of records shows that this patient does not present with migraines but probably tension-type or cervicogenic headaches.

Sumatriptans are not indicated for other type of headaches than migraines. Recommendation is for denial. The request for Sumatriptan Succinate 25mg (#9 with two (2) refills) quantity of eighteen (18) is not medically necessary.

ONDANSETRON HCL 8MG (#30 WITH TWO (2) REFILLS), QUANTITY OF SIXTY (60): 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) ODG Guidelines Have The Following Regarding Zofran (Ondansetron)

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, back, and bilateral upper extremity pain. The treater is requesting a refill for ondansetron HCL 8 mg. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on Zofran (ondansetron) states, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per FDA approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure." It is not clear from the documents provided when the patient started taking this medication. In this case, ODG does not support the use of ondansetron for treatment of nausea and vomiting secondary to chronic opiate use. Recommendation is for denial. The request for Ondansetron HCL 8mg (#30 with two (2) refills), quantity of sixty (60) is not medically necessary.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Nsaid's, Gi Symptoms And Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with chronic neck, back, and bilateral upper extremity pain. The treater is requesting a refill for omeprazole. For NSAIDs, GI symptoms, and cardiovascular risk, the MTUS Guidelines page 68 and 69 recommend risk for GI events: 1. Age is greater than 65. 2. History of peptic ulcer disease or GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose multiple NSAIDs, prophylactic use of PPI such as Omeprazole is to be used according to these GI risks. Records show that the patient does complain of stomach upsets with medication use and has been prescribed omeprazole since 2008. Given the patient's gastrointestinal issues related to medication use, recommendation is for authorization. The request for Omeprazole 20mg is medically necessary.

TRAMADOL ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid For Chronic Pain.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, back, and bilateral upper extremity pain. The treater is requesting tramadol ER. The MTUS Guidelines page 80 on opiates for chronic back pain states, "appears to be efficacious, but limited for short-term pain, and long-term efficacy is unclear (less than 60 weeks), but also appears limited. Failure to respond to a time-limited course of opioid has led to the suggestion of reassessment and consideration of alternative therapy." In addition, MTUS page 93 and 94 states that tramadol is indicated for "moderate to severe pain", no longer than 3 months. For chronic opiate use, MTUS requires documentation of the 4As (analgesia, ADLs, adverse side effects, aberrant behavior) as well as a numerical scale to document pain level and function. It is not clear when the patient started taking tramadol but appears that the patient has been on it on a chronic basis. There is a urine drug screen dated 05/07/2013 which was negative for tramadol. None of the reports reviewed of some 690 pages of reports do not document the patient's pain level, functional improvement, or change in work status as required by the MTUS Guidelines. Outcome measures not provided either. Recommendation is for denial. The request for Tramadol ER 150mg is not medically necessary.

TEROCIN PATCH: Upheld

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

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

Decision rationale: This patient presents with chronic neck, back, and bilateral upper extremity pain. The treater is requesting Terocin patch. The MTUS Guidelines page 112 state under lidocaine, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." Lidocaine patches are indicated for neuropathic pain only after a trial of tricyclic antidepressants or AEDs. Review of the medical records from 01/31/2013 to 12/14/2013 did not show that the patient has trialed other first-line therapies. The treater does not mention what this patch is used for and with what efficacy. MTUS page 60 require documentation of pain and function with medication use for chronic pain. Furthermore, lidocaine patches are recommended for neuropathic pain that is peripheral and localized. Recommendation is for denial. The request for Terocin Patch is not medically necessary.