

Case Number:	CM13-0068393		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2012
Decision Date:	04/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Othopedic Surgery 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:

The patient is a 46-year-old male police officer for the [REDACTED] who sustained a cumulative trauma low back injury attributed to years of wearing a gun belt and other protective gear, as well as altercations with suspects. The date of injury is February 14, 2012. Past medical history includes hypertension. The July 13, 2012 lumbar spine MRI documented multilevel loss of intervertebral disc height and disc desiccation changes L2-L5; L4/5 and L5/S1 disc protrusion flattening and abutting the anterior thecal sac with mild bilateral neuroforaminal stenosis, and, most pronounced; L3/4 disc protrusion flattening and abutting the anterior thecal sac producing mild central and moderate bilateral lateral spinal and neuroforaminal stenosis. The July 6, 2012 bilateral lower extremity electromyogram (EMG) revealed no evidence of bilateral lumbar radiculopathy. Nerve conduction studies (NCS) revealed axonal polyneuropathy. The current treating physician has been treating this patient since June 11, 2012 for complaints of low back pain radiating down the left lower extremity and a diagnosis of lumbar discopathy. Records indicate that the patient has been prescribed Naproxen, cyclobenzaprine, Ondansetron, omeprazole, and Medrox cream since the initial visit. The patient has remained at full duty work status. The July 24, 2013 progress report documented continued lumbar spine symptomatology including tenderness from the mid to distal lumbar segments with spasms, pain with terminal motion, positive seated nerve root test, and dysesthesia L5 dermatome. Progressive lower extremity deficit was documented with giving way of his legs and dragging his feet. A surgical request was submitted for L3-L5 posterior lumbar interbody fusion (PLIF) but has not been certified. The November 6, 2013 treating physicians report indicated that the patient had continued lumbar spine symptomatology including lumbar paravertebral muscle tenderness with spasms, pain with terminal motion, positive seated nerve root test, and dysesthesia L5

dermatome. The treatment plan documented a Toradol and Vitamin B-12 injection and prescribed medications currently under consideration. The patient remained at full duty status.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine 7.5mg (██████████): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of chronic lower back pain. Flexeril is recommended as an option in the management of back pain, but is not recommended to be used for longer than 2 to 3 weeks. Cyclobenzaprine has been prescribed since June 11, 2012 for chronic low back pain and spasms. The November 7, 2013 progress report did not document an acute exacerbation of the patient's chronic low back pain; continued lumbar spine symptomatology was reported. Exam findings were unchanged and the patient remained at full duty. Guideline criteria have not been met. Therefore, the request for 120 Cyclobenzaprine 7.5mg is not medically necessary.

60 Ondansetron 8mg (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic) Antiemetics (for opioid nausea)

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

Decision rationale: The California MTUS is silent regarding the use of anti-emetics in the treatment of chronic pain. The Official Disability Guidelines do not recommend the use of anti-emetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation therapy, for post-operative use, and for acute gastroenteritis. Records indicate that the patient experienced nausea that was directly caused by his pain medications. The patient has had nausea associated with medication use when he has had severe pain. He does not meet the FDA-approved uses for this medication consistent with guidelines. Guideline criteria have not been met. Therefore, this request for 60 Ondansetron 8mg is not medically necessary.

90 Tramadol Hydrochloride ER 150mg (██████████): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

Decision rationale: The California MTUS guidelines do not recommend Tramadol as a first-line oral analgesic. Tramadol is a centrally acting synthetic opioid analgesic, indicated for moderate to severe pain. In general, guidelines recommend continuation if the patient has returned to work or has improved functioning and improved pain. Guideline criteria have not been met. There is no clear indication of functional benefit associated with Tramadol. Records indicate that the patient was at full duty status when this medication was initially prescribed and remains at full duty. Records indicate that Naproxen has been helpful for the patient during work. Routine pain and functional assessments are not documented in the records to support the medical necessity of continued Tramadol. Therefore, this request for 90 Tramadol Hydrochloride ER 150mg is not medically necessary.

10 Terocin patches (██████████): Upheld

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

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

Decision rationale: The California MTUS guidelines do not provide specific recommendations for Terocin patches. Terocin patches include Lidocaine 600mg and Menthol 600mg. Topical Lidocaine in the patch formulation is recommended for neuropathic pain in the treatment of localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidocaine is not recommended for non-neuropathic pain. Guideline criteria have not been met. There is no documentation that this patient has tried and failed first line pharmacologic treatment for neuropathic pain. Therefore, this request for 10 Terocin patches is not medically necessary.