

Case Number:	CM13-0068612		
Date Assigned:	01/03/2014	Date of Injury:	04/10/2013
Decision Date:	07/16/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 33-year-old male who reported an injury on April 10/2013. The mechanism of injury involved heavy lifting. Within the clinical note dated September 25, 2013, the injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. The reported pain was aggravated when doing normal activities of daily living. On physical examination, the provider noted the lumbar spine revealed pain and tenderness right across the iliac crest into the lumbosacral spine. The pain appeared to be in the superior gluteal region on the right side extending to the right lower extremity into the right lateral thigh and down the knee, and an overlap of the L4-5 roots and dermatome. X-rays were obtained which revealed the x-rays were within normal limits. There appeared to be some disc space height collapse in the distal lumbar segments. The diagnoses included lumbar discopathy/right lower extremity radiculopathy versus right greater trochanteric bursitis. Previous conservative treatment included physical therapy, chiropractic treatment, and acupuncture. The injured worker has a history of seizures, gastrointestinal disorders, and sleep disorders. The provider requested for naproxen, cyclobenzaprine, Ondansetron, omeprazole, tramadol, and Terocin patch. However, a rationale was not provided for evidence. The request for authorization was provided and submitted on September 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66,67.

Decision rationale: The injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. She reported the pain is aggravated when doing normal activities of daily living. The California MTUS Guidelines recommend note naproxen is a nonsteroidal anti-inflammatory drug NSAID for the relief of signs and symptoms of osteoarthritis. The guidelines also recommend naproxen at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renal vascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There was a lack of documentation indicating the injured worker as diagnosed with osteoarthritis and tendinitis of the knee. There was a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the guidelines recommend acetaminophen for those with gastrointestinal disease, cardiovascular or renal vascular risk factors. The documentation submitted indicated the injured worker to have a gastrointestinal disorder. Therefore, the request for naproxen sodium 550 mg (#100) is not medically necessary.

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63, 64.

Decision rationale: The injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. She reported the pain is aggravated when doing normal activities of daily living. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. The guidelines notes muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. There is a lack of objective findings indicating the injured worker to have muscle spasms. Additionally, the injured worker had been utilizing the medication since September 2013, which exceeds the guidelines' recommendations

of short-term use of 2 to 3 weeks. Therefore, the request for cyclobenzaprine 7.5 mg (#100) is not medically necessary.

ODANSETRON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

Decision rationale: The injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. She reported the pain is aggravated when doing normal activities of daily living. The California MTUS & ACOEM Guidelines do not specifically address this issue. The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted by FDA-approved indications. Nausea and vomiting is common with use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited for short-term duration of less than 4 weeks and have limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of the symptoms should be evaluated for. There was a lack of objective findings indicating the injured worker to have signs and symptoms of nausea and vomiting. Therefore, the request for Ondansetron 8 mg (#60) is not medically necessary.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. She reported the pain is aggravated when doing normal activities of daily living. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia and NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the injured worker was at risk or had a history of peptic ulcers or gastrointestinal bleed or perforation. There is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia

secondary to NSAID therapy. Therefore, the request for omeprazole 20 mg (#120) is not medically necessary.

TRAMADOL: Upheld

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

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

Decision rationale: The injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. She reported the pain is aggravated when doing normal activities of daily living. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional improvement. Therefore, the request for tramadol 150mg (#90) is not medically necessary.

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): 111-112.

Decision rationale: The injured worker complained of constant pain in the lumbar spine that radiated to the right greater than left lower extremity. She reported the pain is aggravated when doing normal activities of daily living. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Terocin patches contain menthol 4% and lidocaine 4%. The guidelines note topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. The guidelines note topical analgesics are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amiable to topical treatments. The guidelines recommend short-term use of 4 to 12 weeks. There was a lack of documentation indicating the injured worker was diagnosed with neuropathic pain. There was a lack of documentation indicating the injured worker had tried and failed on first-line

agents for management of neuropathic pain. Additionally, the injured worker had been utilizing the medication for an extended period time, since at least September 2013, which exceeds the guidelines' recommendations of 4 to 12 weeks. Therefore, the request for Terocin patches (#10) is not medically necessary.