

Case Number:	CM13-0069252		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2011
Decision Date:	12/22/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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 Family Medicine and is licensed to practice in California and 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:

This is a 60 year old male patient who sustained an injury on 5/08/2011. The current diagnoses include status post left shoulder arthroscopic decompression, status post lumbar reconstruction with instrumentation at L4-S1 and symptomatic retained lumbar spine hardware. He sustained the injury due to involved in rear end traffic collision. Per the doctor's note dated 10/29/14, patient had complaints of low back pain over the palpable hardware and intermittent discomfort on the left shoulder. The physical examination revealed lumbar spine- tenderness over the top of the palpable hardware, restricted and guarded range of motion, transient extension of symptomatology in the L4-5 and L5-S1 roots and dermatomes; left shoulder- well healed scar, mild restriction with terminal range of motion and no clinical evidence of instability. Per the doctor's note dated 10/21/13, he had complaints of chronic low back pain and left shoulder pain. Physical examination revealed left shoulder- well healed scar and pain with terminal motion; lumbar spine- tenderness, spasm, pain with terminal motion, positive seated nerve root test, dyesthesia at the right L5 dermatome and weakness of the ankles and toes. The medication list includes tramadol, naproxen, flexeril, omeprazole, ondansetron and topical analgesic medication. He has undergone lumbar spine reconstruction with hardware on 2/14/14; left rotator cuff surgery in 2012, lumbar hemilaminectomy and microdiscectomy at L5-S1 on 3/2/2007 and appendectomy. He has had injection to lumbar hardware on 10/29/14. He has had lumbar spine X-rays on 10/29/14 which revealed rod and screw fixation at the level of L4 to S1 and some osteolysis around the screws but with solid incorporation of the bone graft; lumbar spine MRI dated 1/7/14 which revealed annular tear at L5-S1 disc, mild spinal stenosis at L4-5 and mild foraminal narrowing at few levels; electrodiagnostic study of lower extremities dated 1/9/14 which revealed chronic right S1 radiculopathy; left shoulder MRI dated 4/5/2012 which revealed partial tear of supraspinatus tendon. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 NAPROXEN 550MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs Page(s): 22;67.

Decision rationale: Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had lower back and left shoulder pain. The pt is status post left shoulder arthroscopic decompression, status post lumbar reconstruction with instrumentation at L4-S1 and symptomatic retained lumbar spine hardware. The pt also had abnormal objective physical exam findings. NSAIDs are considered first line treatment for pain and inflammation. The request for 100 Naproxen 550mg is medically appropriate and necessary for this patient to manage his chronic pain.

120 CYCLOBENZAPRINE 7.5MG: Upheld

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

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks." According to the cited guidelines Cyclobenzaprine is recommended for short term therapy and not recommended for longer than 2-3 weeks. Per the records provided patient is taking Cyclobenzaprine since long time. The level of the pain with and without medications is not specified in the records provided. The need for Flexeril on a daily basis with lack of documented improvement in function is not fully established. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 120 tablets of Cyclobenzaprine 7.5 mg, as submitted, is not deemed medically necessary. The medical necessity of 120 Cyclobenzaprine 7.5mg is not established for this patient.

60 ONDANSETRON ODT 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 11/21/14) Ondansetron (Zofran®) Antiemetics (for opioid nausea)

Decision rationale: Ondansetron is 5-HT3 receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore ODG was used. According to the ODG guidelines, "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Any evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery is not specified in the records provided. A detailed gastrointestinal examination is not specified in the records provided. Evidence of nausea or vomiting is not specified in the records provided. The medical necessity of 60 Ondansetron ODT 8mg is not established for this patient.

120 OMEPRAZOLE 20MG: 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: Omeprazole is a Proton Pump Inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of 120 Omeprazole 20mg is not established for this patient.

10 TEROGIN PATCHES: Upheld

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

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

Decision rationale: Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of 10 Terocin Patches is not fully established for this patient at this time.