

Case Number:	CM13-0069435		
Date Assigned:	01/03/2014	Date of Injury:	08/23/2011
Decision Date:	04/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 08/23/2011. The mechanism of injury was not provided in the medical records. The patient was diagnosed with Cervicalgia. The patient's symptoms included acute exacerbation of pain and muscle spasms. Past medications included Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, Tramadol, and Terocin Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to California MTUS Guidelines, naproxen is a non-steroidal anti-inflammatory drug used for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended for the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs

appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The documentation submitted for review fails to provide evidence of an initial therapy of acetaminophen. Additionally, the documentation also fails to provide objective functional improvement and an objective decrease in the VAS (Visual Analog Scale) score with the use of the requested medication. As guidelines state NSAIDs are recommended for a short period of time and documentation fails to provide evidence of functional improvement, the request is not supported. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. Therefore, the request for naproxen sodium 550 mg #100 is not medically necessary and appropriate.

CYCLOBENZAPRINE HYDROCHLORIDE 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 Cyclobenzaprine Page(s): 41.

Decision rationale: According to California MTUS Guidelines, Flexeril is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. Efficacy appears to diminish over time and prolonged use of some muscle relaxants may lead to dependence. The documentation submitted for review noted that the patient had palpable muscle spasms. However, the requested medication amount exceeds guideline recommendation for short-term use of up to 3 weeks. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. Therefore, the request is not supported. Given the above, the request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary and appropriate.

SUMATRIPTAN SUCCINATE 25MG #18: 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) Head (Trauma, headaches)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

Decision rationale: According to ODG, Triptans are recommended for migraine sufferers. At marketed doses, all oral Triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general, relatively small, but clinically relevant for individual patients. The documentation submitted for review indicates the headaches are present at all times of increased pain in the cervical spine and are associated with nausea which is a clear presentation of migrainous symptoms. The patient also noted that this medication has been of

great benefit in the past, alleviating the migrainous headaches that are associated with the chronic cervical spine pain. The guidelines state the requested medication is recommended for migraine sufferers, however, the documentation fails to provide objective functional improvement and an objective decrease in the VAS (Visual Analog Scale) score with the use of the requested medication. Given the above, the request for Sumatriptan succinate 25 mg #18 is not medically necessary and appropriate.

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 and the National Guideline Clearinghouse

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

Decision rationale: According to Official Disability Guidelines, antiemetics such as ondansetron are not recommended for nausea and vomiting secondary to chronic opioid use. This drug 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. The documentation submitted for review indicates the prescribed medication is being used for nausea as a side effect to cyclobenzaprine and other analgesic agents. As guidelines state antiemetics are not recommended for nausea and vomiting secondary to medication, therefore request is not supported. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. Given the above, the request for Ondansetron ODT 8 mg #60 is not medically necessary and appropriate.

OMEPRAZOLE -DR 20MG #120: 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: According to California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review states the patient describes stomach upset and epigastric pain with the use of naproxen. However, as the request for naproxen is not supported, therefore use of a proton pump inhibitor would not be necessary. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. Therefore, the request is not supported. Given the above, the request for Omeprazole DR 20 mg #120 is not medically necessary and appropriate.

TRAMADOL HYDROCHLORIDE ER 150 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The most recent clinical note submitted failed to provide evidence of increased function with the use of opioids and whether the patient had any adverse effects or aberrant drug-taking behaviors. Additionally, the request did not indicate what frequency at which the medication was prescribed in order to determine the necessity. In the absence of detailed documentation, as required by the guidelines, for the ongoing use of opioid medications, the request for tramadol hydrochloride ER 150 mg #90 is not medically necessary and appropriate.

TEROCIN PATCH #10: Upheld

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

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

Decision rationale: According to California MTUS Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. While guidelines support the use of lidocaine for neuropathic pain, they failed to reveal any guidelines for scientific evidence to support the use of menthol and further state no other commercially-approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. As the requested medication is a compounded product that contains at least 1 drug that is not recommended, the request is not supported. Given the above, the request for Terocin patch #10 is not medically necessary and appropriate.