

<b>Case Number:</b>	CM13-0071627		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York 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:

The injured worker is a 47 year old male with reported gradual onset of low back and right hip pain reported on 11/01/12 as a result of injuries sustained while performing normal job duties as a patrol officer. Current diagnoses include lumbar degenerative disc disease and right hip labral tear. Conservative therapy and sacroiliac joint injections with improvement noted during physical therapy is noted. Clinical note dated 10/02/13 indicates the injured worker presented complaining of persistent pain in the low back that radiates to the lower extremities with numbness and tingling in addition to right hip pain. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments, pain with terminal motion, and seated nerve root test positive. Treatment plan includes continuation with physical therapy, current medication regimen, and potential for lumbar epidural steroid injection and intraarticular injection to the right hip. Medications requested included Naproxen, cyclobenzaprine, ondansetron, omeprazole, Tramadol, and Terocin patch. Orthopedic agreed medical evaluation (AME) performed on 01/27/14 indicates the injured worker complained of left sided low back pain without radiation to the lower extremities and right hip pain increasing with weightbearing activities. Physical examination revealed decreased range of motion of the lumbosacral spine in all planes, tenderness to palpation in the paralumbar region with muscle guarding, no evidence of muscle spasm throughout the paraspinal musculature, tenderness to palpation over the anterolateral aspect of the right hip, decreased range of motion of the right hip, no crepitation, instability, and Patrick test is negative bilaterally. All other examinations were within normal limits. Medications were listed as Ambien, Soma, and Naproxen as needed for pain. The initial request for naproxen 550 mg #100, cyclobenzaprine 7.5 mg #120, ondansetron 8 mg #60,

omeprazole 20 mg #120, Tramadol ER 150 mg #90, and Terocin patches #10 was initially non-certified on 12/23/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NAPROXEN 550MG, #100: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that non-steroidal anti-inflammatory medications (NSAIDs) are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen 550MG, #100 cannot be established as medically necessary.

#### **CYCLOBENZAPRINE 7.5MG, #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine 7.5MG, #120 cannot be established at this time.

#### **ONDANSETRON 8MG, #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) Pain (Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also Food and Drug Administration (FDA) approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured worker has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for ondansetron 8MG, #60 cannot be recommended as medically necessary at this time.

**OMEPRAZOLE 20MG, #120:** Overturned

**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) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory medications (NSAID) (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for omeprazole 20MG, #120 is recommended as medically necessary.

**TRAMADOL ER 150MG, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as not establish the efficacy of narcotics. Medical necessity of Tramadol ER 150MG, #90 cannot be established at this time.

**TEROCIN PATCHES, #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the prospective request for Terocin Patches, #10 cannot be recommended as medically necessary.