

<b>Case Number:</b>	CM14-0002480		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/30/1995
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 43-year-old male who reported an injury on 10/30/1995; the mechanism of injury was not provided within the medical records. The clinical note dated 09/09/2013 indicated diagnoses of status post right L4-S1 laminectomy and discectomy. The injured worker reported pain of the lower back and weakness in his lower back and right lower extremity. The injured worker reported numbness and tingling in his right leg and foot which have improved since his surgery. The injured worker reported the pain level varied during the day depending on activity but had significantly improved since his surgery. On physical exam of the lumbar spine, there was tenderness at the lumbar paravertebral muscle with spasms. The injured worker's prior treatment included postoperative physical therapy number of sessions not provided for review. The treatment plan included a referral for a course of physical therapy of the lumbar spine 2 times per week for the next 4 weeks and a request for preauthorization for the injured worker's medication. The provider submitted requests for 100 naproxen 550 mg, 120 cyclobenzaprine 7.5 mg, 100 omeprazole DR 20 mg, 60 ondansetron ODT 8mg, 90 tramadol ER 150mg and 10 Terocin patches. The rationale was not provided for review. The Request for Authorization was not submitted for review to include the date the treatment was requested.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen.

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

**Decision rationale:** The request for naproxen 550mg (#100) is not medically necessary. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of pain. The California MTUS recommended the lowest dose be used for all NSAIDs in short term for symptomatic relief of pain. There was lack of evidence of efficacy of the naproxen. In addition, the injured worker has been prescribed naproxen since at least December 2013. This exceeds the guidelines recommendations of short term. Furthermore, there was a lack of a pain assessment in the documentation. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg (#120): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Cyclobenzaprine 7.5mg (#120) is not medically necessary. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There was lack of documentation indicating the injured had acute exacerbations. In addition, the documentation provided indicated the injured worker had been prescribed cyclobenzaprine 7.5 mg since at least August 05, 2013. This time frame exceeds the time frame to be considered short term. Moreover, the time frame indicates a chronic use of the cyclobenzaprine and this medication should only be taken in short courses for acute spasms. Therefore, based on the California MTUS Guidelines the request is not medically necessary.

**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 Page(s): 68.

**Decision rationale:** The request for omeprazole DR 20mg (#120) is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. There was a lack of evidence in the clinical to indicate the injured worker had stomach upset. Since the naproxen is not medically necessary, the request for omeprazole DR is not medically necessary.

### **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 Editorial Board Palliative Care: Practice Guidelines. Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centers (ACCC); 2006 Jan 12. 28p.

**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 (for opioid nausea).

**Decision rationale:** The request for Ondansetron ODT 8mg (#60) is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Ondanestron ODT for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. The guidelines also indicate ondansetron (Zofran) is a serotonin 5-HT<sub>3</sub> 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. There was a lack of evidence of the injured worker having signs and symptoms of nausea or vomiting. The injured worker was status post right L4-S1 laminectomy and discectomy; however, it was not indicated in the documentation as to a date of the injured worker's surgery. Therefore, the request is not medically necessary.

### **Tramadol ER 150MG (#90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram®).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for Tramadol ER 150MG (#90) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of documentation that the injured worker had any significant reduction in symptoms with current medication regimen and the ongoing review and documentation of pain, relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for averrant drug use, behaviors, and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

### **10 Terocin Patches: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for 10 Terocin Patches is not medically necessary. The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%)The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was lack of evidence in the documentation to indicate the injured worker had post-herpetic neuralgia, diabetic neuropathy or post-mastectomy pain to warrant the use of Capsaicin. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm, therefore, Lidocaine is not recommended. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, based on the California Chronic Pain Medical Treatment Guidelines the request for 10 Terocin patches is not medically necessary.