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| <b>Case Number:</b>   | CM14-0003769 |                              |            |
| <b>Date Assigned:</b> | 02/03/2014   | <b>Date of Injury:</b>       | 03/22/1988 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/10/2014 |

### 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 Illinois. 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 51 year old female who reported an injury on 01/18/2011 due to an unknown mechanism. The clinical note dated 11/06/2013 indicated diagnoses of cervical/lumbar discopathy, right elbow lateral epicondylitis, tendonitis/overuse syndrome right hand, status-post right carpal tunnel release and status-post right knee arthroscopy. On physical exam, there was tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasms. The axial loading compression test and Spurling's maneuver were positive. The injured worker had painful restricted cervical range of motion with dysesthesia at the C5 through C7 dermatomes. There injured worker's right elbow was tender at the right lateral epicondyle and she had pain with forced dorsiflexion and terminal flexion of the wrist. The injured worker's lumbar spine was tender at the lumbar paravertebral muscles with terminal motion pain. The seated nerve root test was positive and there was dysesthesia in the L5 and S1 dermatomes. There was tenderness in the anterior joint line of the left knee and the compression test was positive. The McMurray's sign was slightly positive. She also had some residual pain with a positive patellar grind test to the right knee. The official electrodiagnostic evaluation of the bilateral upper and lower extremities dated 10/29/2013, were consistent with mild left carpal tunnel syndrome and no evidence of acute cervical and lumbar radiculopathy was noted. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**QUANTITY 100 NAPROXEN SODIUM 550 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The injured worker was diagnosed with cervical/lumbar discopathy, right elbow lateral epicondylitis, tendonitis/overuse syndrome right hand, status-post right carpal tunnel release and status-post right knee arthroscopy. The MTUS Chronic Pain Guidelines state Naproxen is a non-steroidal, anti-inflammatory medication most commonly used in patients with osteoarthritis symptoms it is also considered in cases of chronic musculoskeletal pain. It should be given in the lowest dose and for the shortest period of time in injured workers with moderate to severe pain. The MTUS Chronic Pain Guidelines also state there is no evidence to recommend one drug in this class over another based on efficacy. There is a lack of documentation that the injured worker has any significant reduction in symptoms with the current medication regimen. Therefore, per the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

**QUANTITY 120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. The MTUS Chronic Pain Guidelines also indicate muscle relaxants show no benefit beyond NSAIDs in pain, and overall improvement and efficacy appears to diminish over time. The injured worker did have tenderness with spasms. However, the injured worker has been using this medication beyond the recommended duration of usage. In addition, there is a lack of documentation that the injured worker has any significant reduction in symptoms with current medication regimen. Therefore, per the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

**QUANTITY 60 ONDANSETRON ODT 8 MG:** 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 ODG

**Decision rationale:** The injured worker was diagnosed with cervical/lumbar discopathy, right elbow lateral epicondylitis, tendonitis/overuse syndrome right hand, status-post right carpal tunnel release and status-post right knee arthroscopy. The Official Disability Guidelines (ODG) do not recommend Ondansetron ODT for nausea and vomiting secondary to chronic opioid use. There is a lack of evidence of the injured worker having nausea or vomiting. In addition, there is a lack of documentation that the injured worker has any significant reduction in symptoms with the current medication regimen. Therefore, per the Official Disability Guidelines (ODG), the request is not medically necessary and appropriate.

**QUANTITY 120 OMEPRAZOLE DR 20 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The MTUS Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (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's. The medical records provided for review did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore, per the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

**QUANTITY 90 TRAMADOL HYDROCHLORIDE ER 150 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Tramadol ER when there is evidence of moderate to severe pain. Guidelines recommend documentation of the 4 A's prior to ongoing use of opioids. There is a lack of documentation that the injured worker has any significant reduction in symptoms with current medication regimen. Therefore, the request for quantity 90 Tramadol hydrochloride ER 150mg is not medically necessary and appropriate.

**QUANTITY 10 TEROGIN PATCHES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The MTUS Chronic Pain 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 Terocin patch contains Lidocaine and Menthol which per MTUS Guidelines are not recommended. Therefore, per the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.