

Case Number:	CM14-0004032		
Date Assigned:	02/05/2014	Date of Injury:	01/14/2011
Decision Date:	09/10/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 58 year old female presenting with chronic pain following a work related injury on 01/14/2011. On 04/23/2013, the claimant complained of headaches, cervical spine pain and nausea. The physical exam showed tenderness at the paravertebral muscles and upper trapezius muscles with spasms, axial loading compression test and Spurling's maneuver are positive, painful restricted motion, signs and symptoms consistent with double crush, right shoulder with anterior tenderness, positive Hawkins and impingement test and decreased range of motion with pain at terminal motion, bilateral wrist with signs of carpal tunnel syndrome, positive palmar compression test subsequent to Phalen's maneuver, reproducible symptomology in the media nerve distribution, lumbar spine revealed pain and tenderness in the distal lumbar segments and guarded and restricted flexion and extension. Imaging of the cervical spine showed significant pathology and spondylosis, particularly at C5-6 and C6-7 with complete disc space height collapse and bone on both. The claimant was diagnosed with right C5-6 discopathy with segmental instability and multi-level spondylosis; lumbar discopathy with segmental instability and multi-level spondylosis; right shoulder impingement, r/o RTC pathology and CTS/double crush syndrome. A claim was placed for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, page(s) 64 Page(s): 64.

Decision rationale: Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page(s) 79-83 Page(s): 79-83.

Decision rationale: Tramadol Hydrochloride ER 150mg #90 is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication 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 OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Ondansetron ODT 8 mg is not medically necessary. The Official Disability Guidelines indicates that antiemetics are not recommended for nausea and vomiting secondary to

chronic opioid use. Additionally, continuous long-term treatment by an anti-emetic is not recommended. The medical records does not document length of time the claimant has been on Ondansetron. With long term use in this case, the requested medication is not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page(s) 64 Page(s): 64.

Decision rationale: Omeprazole 20mg #120 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. There is no documentation of gastrointestinal disorder requiring PPI or the use of NSAID associated gastrointestinal disorder. Omeprazole is therefore, not medically necessary.

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: Terocin Patch #10 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.