

<b>Case Number:</b>	CM14-0004038		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<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 Orthopedic Surgery, 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 56 year old female injured on 05/10/12 due to undisclosed mechanism of injury. The patient's diagnoses included cervical discopathy, status post bilateral carpal tunnel release surgery with electrodiagnostic evidence of bilateral carpal tunnel syndrome, and left medial epicondylitis and cubital tunnel syndrome. Clinical documentation dated 01/09/14 indicated the injured worker continued to complain of residual symptomology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. The injured worker also complained of left elbow and bilateral wrist pain that remained unchanged. Examination of the cervical spine was unchanged with tenderness at the cervical paravertebral muscles, pain with limited range of motion, axial loading compression test and Spurling maneuver were positive, and dysesthesia at the C6 and C7 dermatomes. Examination of the left elbow revealed pain and tenderness in the medial aspect of the left elbow. Examination of bilateral upper extremities revealed well healed carpal tunnel release scar with tenderness at volar aspect of the wrist and weak grips. A request for surgical intervention including C4 to C7 and possible C3-4 inclusion, anterior cervical discectomy with implantation of hardware and realignment, and reduction of listhesis was noted in the 11/07/13 clinical documentation. The injured worker underwent physical therapy, activity modification, pain management, and chiro physiotherapy with minimal improvement. The request for Cyclobenzaprine hydrochloride 7.5mg #120, Sumatriptan succinate 25mg #9 times two, Ondansetron ODT tablets 8mg #30 times two, omeprazole delayed release 20mg #120, and Terocin patch #10 was non-certified on 12/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain 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 patient 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 Hydrochloride 7.5 MG # 120 cannot be established at this time.

**SUMATRIPTAN SUCCINATE 25 MG # 9 X 2: 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 ODG

**Decision rationale:** As noted in the Head chapter of the Official Disability Guidelines, Sumatriptan is indicated for the treatment of migraine headaches. The request was previously denied due to a lack of documented diagnosis of migraine headache. Clinical documentation dated 01/09/14 indicated the injured worker continued to complain of residual symptomology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. The documentation indicates the injured workers has continued headaches. As such, the request is medically necessary.

**ONDANSETRON ODT TABLETS 8 MG # 30 X 2: 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:** As noted in 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

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 patient 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 is not medically necessary at this time.

**OMEPRAZOLE DELAYED RELEASE 20 MG # 120: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**Decision rationale:** As noted in the Official Disability Guidelines, 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 NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request is not medically necessary and appropriate.

**TEROCIN PATCH # 10: 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, , PAGE 112

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation provided for review that these types of medications have been trialed and/or failed. Furthermore, the MTUS Chronic Pain Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore the request for Terocin Patch # 10 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.