

Case Number:	CM14-0005608		
Date Assigned:	02/07/2014	Date of Injury:	11/23/1997
Decision Date:	06/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 51-year-old male who has filed a claim for lumbar disc disease associated with an industrial injury date of November 23, 1997. Review of progress notes reports worsening low back pain due to instability. Findings include residual pain in the mid to distal lumbar segments with palpable spasm. There is progressive neurologic deficit with extension to the lower extremities, with some weakness, dysesthesia, and giving away of the legs. Lumbar MRI, dated March 09, 2013, showed post-surgical changes at L5-S1 with retrolisthesis, recurrent disc bulge, and degenerative changes of the facets and ligamentum flavum. Treatment to date has included NSAIDs, muscle relaxants, opioid, topical medications, anti-epilepsy drugs, physical therapy, IM injections of Depo Medrol and B12, and lumbar surgery in 2012. Utilization review from December 16, 2013 denied the request for Ondansetron ODT 8mg #60 as there is no documentation of nausea; omeprazole DR 20mg #120 as patient does not have risk factors for and does not complain of gastrointestinal events; Terocin patches #10 as guidelines do not recommend its use; cyclobenzaprine 7.5mg as patient does not have acute exacerbation of low back condition; and tramadol ER 150mg #90 as there is no documentation regarding failure of non-opioid means of pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSCTRON ODT 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 chapter, Antiemetics (for opioid nausea)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post-operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Patient has been on this medication since at least June 2011. There is no documentation regarding nausea and vomiting in this patient. This patient has not undergone chemotherapy, radiation, or recent surgery. Therefore, the request for Ondansetron ODT 8mg #60 was not medically necessary.

OMEPRAZOLE DR 20MG #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 Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least June 2011. There is no documentation regarding gastrointestinal symptoms in this patient, or of risk factors as mentioned above. Therefore, the request for omeprazole DR 20mg #120 was not medically necessary.

TEROCIN PATCHES #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 (MAY 2009), ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to page 112 CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In

addition, pages 56 - 57 state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation regarding failure of first-line therapy. There is no compelling rationale for use of lidocaine patch in this case. Therefore, the request for Terocin patches #10 was not medically necessary.

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 MEDICAL TREATMENT GUIDELINES (MAY 2009), CYCLOBENZAPRINE (FLEXERIL) ,

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

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since May 2012. There is no documentation regarding acute exacerbations of patient's low back pain. Also, this medication is not recommended for long-term use. Therefore, the request for cyclobenzaprine hydrochloride 7.5mg #120 was not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90: 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 (MAY 2009), OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: According to pages 76-78 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation regarding use of this medication. Patient is currently on NSAID therapy and is a candidate for low back surgery. There is no documentation regarding failure of non-opioid means of treatment, or goals of therapy. Therefore, the request for tramadol hydrochloride ER 150mg #90 was not medically necessary.