

Case Number:	CM14-0006026		
Date Assigned:	03/03/2014	Date of Injury:	08/15/2003
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 50-year-old male who has filed a claim for brachial neuritis associated with an industrial injury date of August 15, 2003. Review of progress notes indicates worsening neck pain radiating to both upper extremities, with numbness and tingling; bilateral wrist pain; low back pain radiating to both lower extremities with instability; and bilateral knee pain. Patient reports several episodes of falling due to low back instability and numbness and tingling in both legs. Patient also suffers from depression and anxiety, and experiences more frequent anxiety attacks. Findings include tenderness of the lumbar region, cervical region, and right shoulder; decreased range of motion of the lumbar and cervical spines; positive impingement sign of the right shoulder; dysesthesia of the C5-7 and L5-S1 dermatomes, and of the ulnar two digits; weakness of the ankles and toes; positive Tinel and Phalen signs of both wrists; and positive provocative maneuvers for cervical and lumbar nerve root irritation. Treatment to date has included NSAIDs, gabapentin, opioids, triptans, muscle relaxants, Soma, anti-depressants, Lidoderm patches, Medrox ointment, psychotherapy, home exercise program, and Toradol and B12 shots. Utilization review from January 15, 2014 denied the requests for naproxen sodium tablets 550mg #100 as there was no documentation of benefit from use of this medication; cyclobenzaprine hydrochloride tablets 7.5mg #120 as it has been used long-term and there was no documentation of acute pain; sumatriptan succinate tablets 25mg #9 x2 as there was no documentation of chronic migraine headaches; ondansetron ODT tablets 8mg #30 x2 as there was no documentation of chronic nausea/vomiting; omeprazole delayed release capsules 20mg #120 as patient did not meet the criteria for use; tramadol ER 150mg #90 as there was no documentation of benefit from this medication; Terocin patch #10 as there is little evidence for use of topical NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABS 550MG #100: 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 NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since August 2003. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, continued long-term therapy is not recommended. Therefore, the request for naproxen sodium tabs 550mg #100 was not medically necessary.

CYCLOBENZAPRINE HCL TABS 7.5MG #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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on 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 August 2003. There is no documentation regarding acute exacerbation of pain at this time. Also, continued long-term therapy is not recommended. Therefore, the request for cyclobenzaprine HCl tabs 7.5mg #120 was not medically necessary.

SUMATRIPAN SUCCINATE TABS 25MG #9 X2: 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) Head chapter, Triptans.

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, triptans are recommended for migraine sufferers. Patient has been on this medication since August 2011. Recent progress notes do not document migraine headache episodes. There is no clear indication that this patient has chronic migraine headaches. Therefore, the request for sumatriptan succinate tabs 25mg #9 x 2 was not medically necessary.

ONDANSETRON ODT TABS 8MG #30 TIMES TWO: 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 October 2011. This patient has not recently undergone chemotherapy, radiation, or surgery. There is no documentation regarding nausea in this patient. Therefore, the request for ondansetron ODT tabs 8mg #30 x 2 was not medically necessary.

OMEPRAZOLE DR CAPS 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 NSAIDs, GI symptoms & cardiovascular risk page 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 includes 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 October 2011. There is no documentation regarding the abovementioned risk factors, or of any gastrointestinal symptoms in this patient. Therefore, the request for omeprazole DR caps 20mg #120 was not medically necessary.

TRAMADOL ER 150MG #90: 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 Opioids, criteria for use; On-Going Management pages Page(s): 78-82.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Patient has been on this medication since May 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Patient still complains of severe pain despite the current pain medication regimen. Also, there is no documentation regarding urine drug screens to monitor medication use. Therefore, the request for tramadol ER 150mg #90 was not medically necessary.

TEROCIN PATCH #10: 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 Lidoderm (lidocaine patch) pages 56-57; Topical Analgesics, Lidocaine page 112 Page(s): 56-57, 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to 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, CA MTUS states 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 intolerance to or failure of these first-line medications to support this request. Therefore, the request for Terocin patch #10 was not medically necessary.