

<b>Case Number:</b>	CM14-0009043		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Internal Medicine and Pulmonary Disease 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 injured worker is a 43-year-old female who reported an injury on 11/25/2009. The mechanism of injury was not stated. The current diagnoses include cervical discopathy, cubital tunnel/double crush, status post right carpal tunnel release, and status post left carpal tunnel release. The latest physician progress report submitted for this review is documented on 01/08/2014. The injured worker reported persistent cervical spine and bilateral upper extremity pain. Physical examination revealed tenderness at the cervical paravertebral muscles, spasm, positive axial compression testing, positive Spurling's maneuver, restricted cervical range of motion, dysesthesia in the C6-7 dermatomes, a well-healed incision in the bilateral wrists, and positive Tinel's testing. Treatment recommendations were not listed. A request for authorization was then submitted on 01/27/2014 for naproxen 550 mg, cyclobenzaprine 7.5 mg, Zofran 8 mg, omeprazole 20 mg, tramadol ER 150 mg, Levaquin 750 mg, and Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL HYDROCHLORIDE 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 Pages, 74-82 Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of a failure to respond to nonopioid analgesics. There is also no frequency listed in the current request. Therefore, the request is 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 , Pages, 111-113 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medications. There is also no strength or frequency listed in the current request. Therefore, the request is no medically necessary.

**SUMATRIPTAN SUCCINATE 25MG, #9 WITH 2 REFILLS:** 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 Official Disability Guidelines state triptans are recommended migraine sufferers. The injured worker does not maintain a diagnosis of migraine headaches. Therefore, the medical necessity has not been established. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.