

Case Number:	CM14-0101020		
Date Assigned:	09/16/2014	Date of Injury:	10/16/2012
Decision Date:	12/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 10/16/12. She was seen by her primary treating physician on 5/7/14 with complaints of right hand numbness, awaiting PT. The note is handwritten and barely legible. She had a positive Phalen's and Tinel's sign and numbness. The plan was that she was awaiting PT, needed CTR surgery and her medications were refilled. There is a request from her primary treating physician dated 5/22/14 for the following medications which are at issue in this review: naproxen for inflammation and pain, ondansetron for nausea associated with headaches that are present with chronic cervical spine pain, Omeprazole for GI symptoms, Orphenadrine for relaxing muscle tension, joint pain and as a sleep aid, Tramadol for acute severe pain and Terocin patch for mild to moderate acute or chronic aches or pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Na 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAID (Non-steroidal an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic right hand numbness and pain. Her medical course has included numerous treatment modalities including use of several medications including tramadol, naproxen and muscle relaxants. For the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status specifically related to naproxen or a discussion of side effects to justify use. The medical necessity of naproxen is not substantiated in the records.

Onadansetron ODT 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC; Pain Procedure Summary last updated 05/15/2014; regarding antiemetic (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck and back pain. Her medical course has included the use of several medications including naproxen. Ondansetron is indicated for prevention of nausea and vomiting associated with chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, she is not receiving chemotherapy or radiotherapy. Her nausea is not well documented in the notes nor is efficacy or side effects of ondansetron. The records do not document the medical necessity for ondansetron.

Omeprazole DR 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding NSAIDs w/GI s.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This injured worker has chronic right hand numbness and pain. Her medical course has included numerous treatment modalities including use of several medications including tramadol, naproxen and muscle relaxants. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding muscle relaxan.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic right hand numbness and pain. Her medical course has included numerous treatment modalities including use of several medications including tramadol, naproxen and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The medical records fail to document any spasm or significant improvement in pain or functional status specifically related to orphenadrine or a discussion of side effects to medically justify use. The medical records do not support medical necessity for the prescription of orphenadrine in this injured worker.

Tramadol HCL ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria for a therapist.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: This injured worker has chronic right hand numbness and pain. Her medical course has included numerous treatment modalities including use of several medications including tramadol, naproxen and muscle relaxants. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The medical records fail to document any significant improvement in pain or functional status specifically related to tramadol or a discussion of side effects to justify use. The medical records do not support medical necessity for the prescription of tramadol in this injured worker.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57, 112.

Decision rationale: Terocin includes topical lidocaine and menthol. This injured worker has chronic right hand numbness and pain. Her medical course has included numerous treatment modalities including use of several medications including tramadol, naproxen and muscle relaxants. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records fail to document any significant improvement in pain or

functional status specifically related to terocin patch or a discussion of side effects to justify use. The medical records do not support medical necessity for the prescription of terocin patch in this injured worker.