

Case Number:	CM14-0102374		
Date Assigned:	07/30/2014	Date of Injury:	09/01/2012
Decision Date:	09/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Pain Medicine and is licensed to practice in Florida. 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 45-year-old female who reported an injury 09/01/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/17/2014 is handwritten and hard to decipher. The injured worker's diagnoses indicated right wrist pain status post excision abscess. The injured worker reported improvement; however, still had strength problems and difficulty with activities of daily living. The injured worker had functional limitations of pushing away, driving and pushups. The injured worker reported improvements with range of motion, strength and function. On physical examination, the injured worker's range of motion was decreased, MMT was 4 bilaterally and "JMAR" was 150 on the left and 85 on the right. The injured worker's treatment plan included progress shown with therapy, still impaired with grip and hand strength. The injured worker's prior treatments included diagnostic imaging, surgery and physical therapy. The injured worker's treatments plan included hot packs and cold packs, manual therapy and electric stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER (Norflex)100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, page 63 Page(s): page 63.

Decision rationale: The MTUS Chronic Pain Guidelines state Orphenadrine Citrate ER is recommended as a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the clinical notes reviewed, there was lack of documentation of any medication the injured worker was taking. In addition, it is not indicated the injured worker had tried a first line option. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.

Ondansetron ODT 8mg #30 X 2: 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 (Opioids nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran).

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. It is not indicated if the injured worker has been utilizing this medication or if this is a trial prescription. In addition, if this injured worker has been utilizing this medication, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there is lack of a quantified pain assessment by the injured worker. Moreover, the Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary chronic opiate use. Moreover, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for nausea or vomiting. In addition, the provider did not indicate a rationale for the request. Furthermore, the request did not indicate a frequency. As such, the request is not medically necessary and appropriate.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), page 113 Page(s): 113..

Decision rationale: The MTUS Chronic Pain Guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It was not indicated if the injured worker had been utilizing this medication. If the injured worker has been utilizing this medication, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there is lack of significant evidence of

an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for this medication. As such, the request is not medically necessary and appropriate.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-112..

Decision rationale: The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%). The MTUS Chronic Pain Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The Guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated the injured worker had been utilizing this medication, if so, there is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy or post mastectomy pain to warrant the use of capsaicin. Moreover, the Guidelines recommend lidocaine in the formulation of the dermal patch, Lidoderm. Therefore, lidocaine is not recommended. Per the Guidelines any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request does not indicate a dosage or frequency. In addition, the provider did not indicate a rationale for the request. As such, the request is not medically necessary and appropriate.