

Case Number:	CM14-0103856		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2012
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 injured worker is a 56 year old male who sustained cumulative trauma from February 13, 1983 to September 18, 2012 while being employed as a firefighter for the [REDACTED]. He is diagnosed with (a) lumbar radiculopathy; (b) right hip pain; (c) right knee pain; (d) chronic pain, other; and (e) history of metastatic testicular cancer. On April 15, 2014, he had complaints of constant neck and back pain with radiating pain to the shoulders and wrists. Examination revealed tenderness over the cervical and lumbar spine with spasms. Straight leg raising test was positive. Impingement test and Tinel's sign were positive as well. The injured worker had a pain medicine re-evaluation on May 15, 2014. He reported complaints of low back pain radiating down to the bilateral lower extremities. This was accompanied with numbness frequently over the bilateral lower extremities down to the level of the toes. The pain was described by the injured worker as sharp and was reported to be aggravated by activity, bending, rotation, standing, turning, twisting, and walking. On a visual analogue scale, the injured worker rated the pain at 8/10 in intensity with medications and 9/10 without medications. On physical examination, tenderness was present over the paravertebral area at L4-S1 levels, bilaterally. Range of motion was moderately limited secondary to pain. Pain was significantly increased with flexion, extension, and rotation. Motor examination showed decreased strength bilaterally at 60 degrees. A Primary Treating Physician's Request for Authorization on May 25, 2014 noted that the following medications were essential for the symptomatic relief of his persistent pain: Orphenadrine citrate extended release was to be taken as needed for muscle spasm and a sleep aid. Ondansetron was prescribed for nausea associated with headaches that were present with chronic cervical spine pain. Terocin patch was dispensed to assist the injured worker with treatment of 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:

Orphenadrine Citrate 100MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary updated 5/15/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The request for orphenadrine citrate 100 milligrams #120 is not considered medically necessary at this time. According to the California Medical Treatment Utilization Schedule, non-sedating muscle relaxants are recommended as a second-line option for treatment of acute exacerbations for those with chronic low back pain. From the medical records received for review, while there were objective findings of muscle spasms, there was no mention of failure of first-line therapy to substantiate the prescription of second-line medication for the treatment of muscle spasms. More so, it has been noted as well that orphenadrine citrate may also act as a sleeping aid for the injured worker. However, no complaint of sleep difficulty was found in the submitted records.

Ondansetron ODT 8mg tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 5/15/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiemetics, Promethazine & Ondansetron (Zofran).

Decision rationale: The request for ondansetron disintegrating tablet 8 milligrams #60 is not considered medically necessary at this time. Based on the medical records received for review, this medication was prescribed to relieve nausea due to headaches secondary to cervical pain. However, there was no indication of subjective complaints of nausea or headaches.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: As mentioned in the California Chronic Pain Medical Treatment Guidelines, although it is a long-acting opioid, its chronic use should already alert the treating physician to

other alternative drugs/pain medication while attempting to wean off from this particular medication. There was no documented improvement from use of this medication. There was limited information to support the necessity of tramadol. The request for tramadol extended release 150 milligrams is not considered medically necessary at this time.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Terocin patch #30 is not considered medically necessary at this time. Terocin patch is a topical analgesic that consists of 4% lidocaine and 4% menthol. Medical records indicate that this was prescribed for pain relief. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. Moreso, the same reference also mentioned that topical lidocaine is recommended after a trial of first-line therapy. There was no documentation from the medical records that the injured worker failed first-line therapy or failed a trial of antidepressants and anticonvulsants. The use of topical menthol was not addressed by the California Medical Utilization Schedule.