

<b>Case Number:</b>	CM14-0104179		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, and shoulder pain reportedly associated with an industrial injury of April 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; adjuvant medications; earlier cervical fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 11, 2014, the claims administrator approved a request for naproxen, approved a request for omeprazole, denied a request for Zofran, denied a request for Norflex, denied a request for tramadol, approved a request for Imitrex, and denied a request for topical Terocin patches. The claims administrator apparently denied many of the medications on the grounds that they were ODG non-formulary 'N' drugs. The report was some 20 pages long and extremely difficult to follow. The applicant's attorney subsequently appealed. Many of the medications in question were endorsed on a May 30, 2014 handwritten Request for Authorization (RFA) form/prescription form, on which Naproxen, Norflex, Imitrex, Zofran, Prilosec, Tramadol, and Terocin were endorsed through preprinted checkboxes, with little-to-no narrative commentary. In a handwritten note dated April 22, 2014, difficult to follow, not entirely legible, the applicant presented with persistent complaints of neck and low back pain. The applicant's work status was not clearly stated, although it was suggested that permanent work restricted had been imposed by a medical-legal evaluator. Medications were reportedly refilled under a separate cover, without any explicit discussion of medication efficacy. On June 3, 2014, the attending provider again requested naproxen, Prilosec, Zofran, Norflex, Tramadol, Imitrex, and Terocin patches through a preprinted RFA form, with no narrative commentary or discussion of medication efficacy. On April 1, 2014, the attending provider once again refilled many medications, including the medications at issue, through preprinted checkboxes, with no narrative commentary or applicant-

specific rationale. On November 14, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, headaches, and shoulder pain status post earlier cervical fusion surgery. On January 20, 2014, the applicant was again placed off of work, on total temporary disability, and asked to consider acupuncture and/or epidural steroid injection therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ondansetron 8mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC PAIN

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

**Decision rationale:** While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no evidence that the applicant had undergone any recent cancer chemotherapy, radiation therapy, and/or surgery. There was, furthermore, no mention of the applicant's having any active symptoms of nausea or vomiting on several progress notes, referenced above, including on a handwritten note dated April 22, 2014, a typewritten note dated January 28, 2014, and/or progress note of November 14, 2013. Usage of ondansetron in this context, thus, amounted to non-FDA labeled usage of the same. No rationale, medical evidence, or applicant-specific rationale was furnished so as to support such usage, however. Therefore, the request was not medically necessary.

#### **Tramadol ER 150mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same.

Here, however, the applicant is off of work, on total temporary disability, despite ongoing tramadol usage. The attending provider has failed to identify any quantifiable decrements in pain or material improvements in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Terocin Patch #30:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents such as Terocin are deemed "largely experimental." In this case, the applicant has already received the Terocin patches at issue on several prior occasions and has failed to from ongoing usage of the same. The applicant remains off of work, on total temporary disability. Ongoing usage of Terocin has failed to appreciably curtail the applicant's pain complaints or diminish the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Terocin. Therefore, the request was not medically necessary.

**Orphenadrine Citrate # 120:** Upheld

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

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

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Here, however, the 120-tablet supply of orphenadrine (Norflex), thus, is at odds with MTUS principles and parameters as it implies chronic, long-term, and/or scheduled usage of the same. Such usage is, however, incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.