

<b>Case Number:</b>	CM14-0104720		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<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 injured worker was injured on 12/21/11. The medications under review are Ondansetron, Orphenadrine, Tramadol ER, and Terocin patch. The evaluation dated 02/10/1, revealed the injured worker had persistent pain with tenderness and pain with terminal motion of the neck. She had tenderness of the low back and pain with terminal motion. Seated nerve root test was positive and there was dysesthesia at L5-S1 dermatome. She was diagnosed with cervical and lumbar discopathy with radiculitis. Epidural steroid injection was pending. On 02/27/14, she was seen again and her findings were unchanged. She received a Toradol injection and vitamin B12. She had continued pain in the neck and low back per the PR-2 dated 04/21/14. She complained of migraine headaches and had failed an epidural steroid injection to the low back. She had tenderness of the low back and neck with positive straight leg raise in the left lower extremity, positive axial loading, and Spurling's test. PT and medications were recommended. A pain management evaluation indicates she had neck and low back pain that did not radiate to the upper or lower extremities. It was 8/10 without medications and 5/10 with medications. She reported medications helped. She had a transforaminal ESI at bilateral L5-S1 on 03/07/14 with 50-80% overall improvement. Discography was recommended at L1-2 along with Norco, omeprazole, and Soma. She injured her lumbar spine, cervical spine, and right hip. On 04/21/14, she still had low back pain, cervical pain, headaches and migraines and failed the first ESI. PT was recommended. Medication refills were also ordered. She reported constant pain on 05/23/14. PT, tests, and discogram were ordered and she was to continue her home exercises. She had tenderness of the cervical spine and low back with spasm and decreased range of motion and positive straight leg raise test. She has also been given Naproxen, Orphenadrine, Sumatriptan Succinate, Ondansetron, Omeprazole, Tramadol, and Terocin patch on 05/30/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ondansetron ODT 8 mg, QTY: 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 (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 05/15/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014. Zofran.

**Decision rationale:** The history and documentation do not objectively support the request for Ondansetron. The PDR recommend this medication for nausea/vomiting that is associated with chemotherapy or surgery/postoperative care. In this case, the indication for its use is not described and none can be ascertained from the records. There is no evidence of intractable nausea or vomiting. The benefit to the injured worker of continued use has not been explained. The medical necessity of the use of Ondansetron ODT 8 mg #60 has not been clearly demonstrated. As such, this request is not medically necessary.

### **Orphenadrine 100 mg, QTY: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 05/15/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97.

**Decision rationale:** The history and documentation do not objectively support the request for orphenadrine. The MTUS state regarding muscle relaxers "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine

the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days and a record of pain and function with the medication should be recorded. (Mens 2005)" Muscle relaxers are recommended for short term use for acute injuries or exacerbations of chronic conditions. The medical documentation provided does not establish the need for long-term/chronic usage of orphenadrine. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, the request for Orphenadrine 100 mg #120 is not medically necessary.

**Tramadol Hydrochloride ER 150 mg, QTY: 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

**Decision rationale:** The history and documentation do not objectively support the request for tramadol ER. The CA MTUS p. 145 "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The MTUS also state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and a record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of Tramadol ER 150 mg #90 has not been clearly demonstrated. Therefore, this request is not medically necessary. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol ER 150 mg #90 has not been clearly demonstrated.

**Terocin patch, QTY: 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): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Terocin patches. The CA MTUS page 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The injured worker received refills of other oral medications, also, with no documentation of intolerance or lack of effectiveness. The medical necessity of this request has not been clearly demonstrated. Therefore, this request is not medically necessary.