

<b>Case Number:</b>	CM14-0104931		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 4/18/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 8/2/14, the patient complained of constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, forward reaching, and working at or above the shoulder level. The patient's pain is unchanged and rated an 8 on a scale of 1 to 10. Objective findings: palpable paravertebral muscle tenderness with spasm, limited ROM with pain, positive Spurling's maneuver. Diagnostic impression: cervical discopathy, bilateral carpal tunnel syndrome/double crush syndrome, rule out internal derangement both shoulders and both knees, bilateral plantar fasciitis. Treatment to date: medication management, activity modification. A UR decision dated 6/12/14 denied the requests for Naproxen, Omeprazole, Ondansetron, Orphenadrine, and Terocin patch. The request for Tramadol ER was modified from 90 tablets to 60 tablets for weaning purposes. The request for Sumatriptan was modified for a 1-month supply. Regarding Naproxen, there is no evidence of decrease in pain scores and improvement in functionality with prior use of medication. Regarding Omeprazole, with non-certification of Naproxen, the medical necessity of Omeprazole is not established. Regarding Ondansetron, there is no documentation of ongoing complaints of nausea and vomiting. Regarding Orphenadrine, a prior UR decision recommended weaning the patient off Cyclobenzaprine. Regarding Tramadol, there is no CA MTUS opioid mandated documentation including measurable subjective and/or functional benefit and documentation of medical necessity, as well as documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract. Regarding Sumatriptan, with documentation of ongoing complaints of headaches and migraines, the medical necessity is established. There is no medication information on the request. Thus, partial certification of Sumatriptan 25 mg x 1 month supply is recommended. Regarding Terocin

patch, there is no documentation that the claimant has been intolerant or unresponsive to all other treatments including oral pain medications.

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

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

#### **Naproxen Sodium 50mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** CA MTUS states that NSAIDs are "effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is "inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." According to the reports reviewed, there is no documentation of functional improvement or significant pain reduction from the patient's use of Naproxen. There is no documentation as to how long the patient has been taking Naproxen. Therefore, the request for Naproxen Sodium 50 mg #120 is not medically necessary.

#### **Omeprazole 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, there is no documentation that the patient has any gastrointestinal complaints. In addition, the request for Naproxen has been found to be medically unnecessary; therefore, this associated request for prophylactic use from GI side effects for chronic NSAID therapy cannot be substantiated. Therefore, the request for Omeprazole 20 mg #120 is not medically necessary.

#### **Ondansetron ODT 8mg #30: 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-TWC) Pain Procedure Summary last updated 05/15/2014; Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for "prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery." According to a 6/3/14 note, Ondansetron is being prescribed to the patient for nausea associated with the headaches that are present with chronic cervical spine pain. This is not an FDA-approved indication for the use of this medication. Therefore, the request for Ondansetron ODT 8mg #30 is not medically necessary.

**Orphenadrine Citrate #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-TWC) Pain Procedure Summary last updated 05/15/2014.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be "effective in reducing pain and muscle tension, and increasing mobility." However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the reports reviewed, the patient has been taking Orphenadrine since at least 6/3/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of subjective or objective findings of muscle spasms. There is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Orphenadrine Citrate #120 is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In

the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol ER 150 mg #90 is not medically necessary.

**Sumatriptan Succinate:** 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-TWC) Head Procedure Summary last updated 05/28/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Sumatriptan).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are "indicated for the acute treatment of migraine attacks with or without aura in adults." According to the report dated 8/2/14, the patient suffers from headaches that are migrainous in nature as well as tension between the shoulder blades. However, the UR decision from 6/12/14 modified this request to certify Sumatriptan 25 mg x 1 month supply. It is unclear why this duplicate request is being made at this time. Therefore, the request for Sumatriptan Succinate is not medically necessary.

**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 Page(s): 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that "topical lidocaine in the formulation of a dermal patch has been designated for orphan's status by the FDA for neuropathic pain." In addition, CA MTUS states that 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)." The guidelines state that for continued use of Terocin patches, "the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)." There should be documentation of a successful trial of Terocin patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Terocin patch #30 is not medically necessary.