

Case Number:	CM14-0105037		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2009
Decision Date:	09/12/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 60-year-old male who reported an injury on 09/28/2009 from an unspecified cause of injury. The injured worker had a history of neck pain that radiated to the upper extremities with left sided numbness and tingling. The injured worker had a diagnosis of cervical discopathy with radiculitis, lumbar discopathy with facet arthropathy, internal derangement to the right knee, left knee pain and right elbow sprain/strain. The electromyogram/nerve conduction study that revealed moderate bilateral carpal tunnel syndrome with peripheral polyneuropathy. The MRI (of unknown date) of the cervical spine, provided no results. The past treatments included physical therapy with functional improvement. The physical examination dated 02/25/2014, to the cervical spine, revealed tenderness at the cervical paravertebral muscles with spasm, axial loading compression test and a positive Spurling's maneuver. Restricted range of motion and dysesthesia at the C5-6 dermatomes. The examination to the right elbow revealed within normal limits with some noted continued symptomatology. The examination of the lumbar spine revealed tenderness to the distal lumbar segments with spasms, pain to terminal motion, positive seated nerve root test and neurovascular remained intact. The examination of the bilateral knees revealed tenderness to the joint line, positive patellar compression test, positive McMurray's test and pain with external flexion. The medications included Terocin patch, Omeprazole, Ondansetron, and Cyclobenzaprine. The treatment plan included MRI to the cervical spine. The Request for Authorization dated 03/31/2014 was submitted with documentation. The rationale for the Ondansetron, Orphenadrine citrate ER 100 mg, tramadol HCL ER 150 mg and the Terocin patch was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8 mg #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.

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

Decision rationale: The Official Disability Guidelines do not recommended Ondansetron for nausea and vomiting secondary to chronic opioid use. Per the documentation provided, the evaluation did not indicate the injured worker had any complaints of nausea or vomiting. The guidelines do not recommend the use of Ondansetron. The request did not indicate frequency. As such, the request is not medically necessary.

Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antisposmodics Page(s): 64-65.

Decision rationale: The California MTUS indicates that antispasmodics are used to decrease muscle spasm in conditions such as LBP (low back pain) although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The anticholinergic effects (drowsiness, urinary retention, dry mouth) and side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The dosing is 100 mg twice a day; combination products are given three to four times a day. The documentation did not indicate the length of time that the injured worker had been taking the orphenadrine citrate. The documentation did not indicate a measurable pain function. No diagnostic for review. The physical evaluation to the lumbar spine was vague. Per the guidelines the dosage is 100 mg twice a day. However, the request did not indicate the frequency of the orphenadrine. As such, the request is not medically necessary.

Tramadol HCL 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 Tramadol Page(s): 113.

Decision rationale: The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Per the guidelines Tramadol is not recommended as a first-line oral pain medication. Per the documentation did not give a measurable pain level for the injured worker. The clinical notes were vague. Guidelines indicate that tramadol is not recommended for first line oral analgesic. Per the clinical note the injured worker had physical therapy with functional improvement. However, no documentation was submitted for review. The request did not address frequency. As such, the request is not medically necessary.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAID's.

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

Decision rationale: The California MTUS Guidelines on topical analgesics state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical lidocaine, in the formulation of a Lidoderm patch, has been designated as an orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. A Terocin patch is a topical analgesic with active ingredients of lidocaine 4% and methoxy 4%. The combination of lidocaine with any other topical medication is not recommended per Guidelines. Per the document provided, no pain measurements were available for review indicating that the injured worker needed a Terocin patch. The physical examination was vague. The clinical notes do not indicate that the injured worker had a diagnosis of diabetic neuropathy. The request did not address the frequency. As such, the request is not medically necessary.