

Case Number:	CM14-0105267		
Date Assigned:	09/12/2014	Date of Injury:	07/30/2013
Decision Date:	12/18/2014	UR Denial Date:	06/09/2014
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 Physical Medicine and Rehabilitation 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 an injury on 7/30/13. As per the 8/4/14 report, he presented with constant and sharp low back pain that radiated into the lower extremities and constant and stabbing bilateral hip pain. He rated the low back pain at 8/10 and bilateral hip pain at 9/10. Examination revealed paravertebral muscle tenderness with spasm and hips, positive seated nerve root test and Fabere, guarded and restricted standing flexion and extension. X-ray of the right hip revealed right hip joint space narrowing, subchondral sclerosis, osteophyte formation and complete loss of joint space. He is currently on diclofenac sodium, Omeprazole, Ondansetron, Cyclobenzaprine hydrochloride, and Tramadol. He has previously failed conservative treatments including anti-inflammatories, use of the cane, physical therapy, injections, modified activities, and weight loss. For his right hip, total hip replacement was recommended. There were no specific functional benefits of the medications documented. Diagnoses include lumbago and end stage right hip osteoarthritis. The request for Naproxen Sodium Tablets 550 mg #120, Omeprazole 20 mg# 120, Ondansetron 8mg ODT #30 x2, Orphenadrine Citrate ER 100mg #120, and Tramadol ER 150 mg #90 and Terocin Patch #30 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Naproxen non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen; the pain level has been rated 8-9/10. Additionally, the records indicate that the IW is also taking Diclofenac. Long-term use of NSAIDs is not recommended due to GI and renal side effects, particularly at high dose such as in this case. Therefore, the request for Naproxen Sodium Tablets 550 mg #120 is considered not medically necessary in accordance to guidelines.

Omeprazole 20 mg# 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), Omeprazole "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records in this case do not establish the patient is at significant risk for GI events / risks or dyspepsia to warrant treatment with a PPI. Therefore, the medical necessity of Omeprazole 20 mg# 120 is not established at this time.

Ondansetron 8mg ODT #30 x2: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines (ODG), Antiemetics is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and for acute gastroenteritis. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request for Ondansetron 8mg ODT #30 times two is not medically necessary according to the guidelines.

Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: Per guidelines, Orphenadrine is used to decrease muscle spasm in conditions such as LBP 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. This drug is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Chronic use of muscle relaxants is not recommended by the guidelines. In this case, there is no documentation of substantial muscle spasm refractory to first line treatment. There is no documentation of any significant improvement in pain and function with prior use. Thus, the medical necessity for Orphenadrine Citrate ER 100mg #120 is not established.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California MTUS Guidelines indicate "four domains have been proposed as most relevant for

ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity of Tramadol ER 150 mg #90 has not been established.

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 Topical Analgesics Page(s): 111.

Decision rationale: According to the references, Terocin patches contain Lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral neuropathic 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 no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied Lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patch #30 is not medically necessary.