

Case Number:	CM14-0105681		
Date Assigned:	09/24/2014	Date of Injury:	05/14/2013
Decision Date:	11/07/2014	UR Denial Date:	06/10/2014
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 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:

This patient is a 55-year-old male who developed persistent low back and knee pain subsequent to an injury dated May 14, 2013. He has been diagnosed with a right sided radiculopathy (electrodiagnostic positive) and with bilateral knee degenerative joint disease meniscal tears. Lumbar MRI studies show advanced wide spread spondylosis. He is currently treated with dispensed compounds and oral analgesics. There is no documentation that details the level of pain relief or other specific benefits of any of the medications. Ondansetron is reported to be dispensed due to nausea from the Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron (8mg, #30, DOS 8/12/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-Emetics, and on the Non-MTUS website RxList, Zofran (www.rxlist.com).

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines do not recommend the chronic use of anti-emetics secondary to opioid use.

It is a logical extension to extend this recommendation secondary to muscle relaxant use and the muscle relaxant, which is reported to cause the nausea, is not authorized. In addition, prescribing Guidelines recommend the use of Ondansetron only for post-operative nausea and nausea associated with chemotherapy. Therefore, the request is not medically necessary.

Cyclobenzaprine (7.5mg, #120, DOS 8/12/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The California MTUS Guidelines are very specific that Cyclobenzaprine is not recommended beyond 2-3 weeks use. The Guidelines do not support long-term use and there are no unusual circumstances to justify an exception to Guidelines. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER (150mg, #90, DOS 8/12/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue Page(s): 80.

Decision rationale: The California MTUS Guidelines have specific recommendations regarding responsible prescribing of long-term opioids. The prescribing physician is in poor compliance with this, however the fact that the patient remains at work is a strong indicator of the Tramadol's effectiveness. Guidelines do support the judicious use of Opioids when there is pain relief and support of function as evidenced by a return to work. As long as the patient remains at work, there is no evidence of misuse and the amount used is stable; the Tramadol is consistent with Guidelines to recommend the request as medically necessary.

Cyclobenzaprine Hydrochloride Tablets (7.5mg, #120, DOS 7/1/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: The California MTUS Guidelines are very specific that Cyclobenzaprine is not recommended beyond 2-3 weeks use. The Guidelines do not support long-term use and there

are no unusual circumstances to justify an exception to Guidelines. Therefore, the request is not medically necessary.

Ondansetron ODT (8mg, #30, DOS 7/1/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics; and on the Non-MTUS website RxList, Zofran (www.rxlist.com)

Decision rationale: The California MTUS Guidelines do not address this issue. The Official Disability Guidelines do not recommend the chronic use of anti-emetics secondary to opioid use. It is a logical extension to extend this recommendation secondary to muscle relaxant use and the muscle relaxant, which is reported to cause the nausea, is not authorized. In addition, prescribing Guidelines recommend the use of Ondansetron only for postoperative nausea and nausea associated with chemotherapy. Therefore, the request is not medically necessary.

Medrox Pain Relief Ointment (120g x 2, #240, DOS 7/1/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: The California MTUS Guidelines support the use of topical Salicylates, however over the counter products such as Ben Gay are recommended. The Official Disability Guidelines do not support the compounding of ingredients that are available over the counter. Medrox is a blend of three over the counter products i.e. Methyl Salicylate, Menthol and Capsaicin. The Medrox is not medically necessary as a special compounded blend. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER (150mg, #90, DOS 7/1/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue Page(s): 80.

Decision rationale: The California MTUS Guidelines have specific recommendations regarding responsible prescribing of long-term opioids. The prescribing physician is in poor compliance with this, however the fact that the patient remains at work is a strong indicator of the Tramadol's effectiveness. Guidelines do support the judicious use of Opioids when there is pain relief and

support of function as evidenced by a return to work. As long as the patient remains at work, there is no evidence of misuse and the amount used is stable; the Tramadol is consistent enough with Guidelines to recommend the request as medically necessary.

Intra-Articular Injection (right knee with mix of 2cc celestone, lidocaine and marcaine, DOS 7/1/13): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The California MTUS Guidelines allow for the optional use of steroid injections for persistent knee pain due to degenerative joint disease. The patient meets the Guideline criteria, the steroid injection performed on July 1, 2013 was medically necessary.

Cyclobenzaprine Hydrochloride Tablets (7.5mg, #120, DOS 11/12/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The California MTUS Guidelines are very specific that Cyclobenzaprine is not recommended beyond 2-3 weeks use. The Guidelines do not support long-term use and there are no unusual circumstances to justify an exception to Guidelines. Therefore, the request is not medically necessary.

Terocin Patches (#30, DOS 11/12/13): 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): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. The California MTUS Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. According to the California MTUS Guidelines standards, the compounded Terocin is not medically necessary.

Tramadol Hydrochloride ER (150mg, #90, DOS 11/12/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue Page(s): 80.

Decision rationale: The California MTUS Guidelines have specific recommendations regarding responsible prescribing of long-term opioids. The prescribing physician is in poor compliance with this, however the fact that the patient remains at work is a strong indicator of the Tramadol's effectiveness. Guidelines do support the judicious use of Opioids when there is pain relief and support of function as evidenced by a return to work. As long as the patient remains at work, there is no evidence of misuse and the amount used is stable; the Tramadol is consistent enough with Guidelines to recommend the request as medically necessary.