

<b>Case Number:</b>	CM14-0106676		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Nevada. 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 44-year-old female who was reportedly injured on August 27, 2012. The mechanism of injury was not listed in these records reviewed). The most recent progress note dated June 25, 2014, indicated that there were ongoing complaints of neck pain. The physical examination was not reported; however, a determination, that additional cervical surgery was clinically indicated, was opined by the requesting provider. A "check-off" list dated June 15, 2014, suggested the need for multiple medications. No specific pertinent clinical data to this case was provided. The progress note dated May 8, 2014, indicated ongoing complaints of pain. The examination of the cervical spine was unchanged. There was tenderness to palpation and axial loading increased discomfort. Sensory changes were noted in the bilateral upper extremities. Diagnostic imaging studies reported changes consistent as a sequelae of the previous cervical spine fusion surgery. Previous treatment included multiple sessions of physical therapy, steroid injections, cervical surgery, and a number of pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on June 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #100:** 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): 66, 73.

**Decision rationale:** When noting the date of injury, the injury sustained, the previous surgical intervention and the current clinical evaluation reported, there is insufficient evidence to support that there was any clinical indication for a nonspecific, non-steroidal anti-inflammatory medication. The issue here is not the osteoarthritis rather the degenerative changes to the disc. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the limited clinical information presented for review, there is no medical necessity established for this preparation.

**Odansetron 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 (ODG): Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated July 2014.

**Decision rationale:** As outlined in the Official Disability Guidelines, this is indicated for nausea and vomiting secondary to chemotherapy, radiation therapy or postoperatively. There was nothing in the progress notes to suggest that there were any complaints of nausea and/or vomiting. Therefore, there was no clinical indication presented to support this medication. As such, no medical necessity has been objectified in the progress notes presented for review.

**Omeprazole 20 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS- GI Symptoms.

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

**Decision rationale:** Based on the markedly limited clinical note presented for review, there was no discussion indicating the clinical indication for this medication or that there were any particular complaints that will require the utilization of this medication. As outlined in the California Medical Treatment Utilization Schedule, this is noted as a proton pump inhibitor used to address gastroesophageal reflux disease or can be used as a protectorate for non-steroidal's. The progress notes did not indicate any gastrointestinal complaints, irritations of nausea, vomiting or gastritis. Therefore, when taking the consideration the parameters outlined in the California Medical Treatment Utilization Schedule and by the complete lack of any clinical information presented relative to gastrointestinal system by this requesting provider, the medical necessity cannot be established.

**Orphenadrine 100 mg #120:** Upheld

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

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

**Decision rationale:** This is a medication used to treat severe spasticity and painful muscle spasm. The progress notes indicate ongoing complaints of muscle spasm, but there was no objectification of spasticity. Therefore, there was no clinical indication presented in the progress notes reviewed to suggest the need for this medication. As such, the medical necessity has not been established.

**Tramadol 150 mg #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): 82, 113.

**Decision rationale:** This medication is noted as a synthetic opioid analgesic and is not recommended as a first-line preparation. It is noted that the requesting provider was seeking to conduct a cervical intervention; however, this request has not been certified in the preauthorization process. Therefore, when noting the markedly limited clinical records presented, the "check-off" list used and noting that there was no unique data relative to this injured worker, there is insufficient data presented to establish the medical necessity for the need for this medication.

**Sumatriptan 25 mg #18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Antiemetics (for opioid use).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter updated July 2014.

**Decision rationale:** This medication is indicated for the treatment of migraine headaches. The progress notes, presented for review, do not indicate any such diagnosis as being objectified. Therefore, based on the markedly limited clinical information presented by the requesting provider, there is insufficient medical evidence to establish the medical necessity of this medication.

**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 rationale:** This medication is a topical pain lotion containing methyl salicylate, capsaicin, menthol and lidocaine. There was no specific neuropathic lesion objectified in the progress notes presented for review. Therefore, as noted in the California Medical Treatment Utilization Schedule, when a component of a compound preparation is not clinically indicated, the entire medication is not clinically indicated. With that not being any specific neuropathic lesion, the need for the lidocaine course of this topical compounded preparation is not warranted. Therefore, this entire medication is not medically necessary.