

Case Number:	CM14-0106871		
Date Assigned:	08/08/2014	Date of Injury:	01/02/2013
Decision Date:	12/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old male with a work injury dated 1/2/13. The diagnoses include lumbago and knee pain. There are requests for Naproxen, Omeprazole, Ondansetron, Tramadol ER, Terocin Patch, and Orphenadrine. There is a progress note dated which states that dated 05/06/14 indicates that the patient has continued bilateral knee pain. The patient has carpal tunnel syndrome. On exam, there is tenderness in the bilateral anterior joint line, positive McMurray, and patellar grind test. There is a recommendation of carpal tunnel release. Per documentation the claim notes reveal that the patient received the following determinations on 03/06/14. Certification: Naproxen Na 550mg #100 with warning that additional certification will require evidence of measurable subjective and/or functional benefit as a result of medication and the need for continuation, or this supply will be discontinued on subsequent review, due to non-compliance to medication guidelines. Non-certification: Cyclobenzaprine HCL 7.5mg #120 as there was no muscle spasm noted on recent report. Non-certification: Ondansetron ODT 5 mg #60 as there was no documentation of ongoing complaints of nausea and vomiting. Certification: Omeprazole DR 20mg #120 with warning that additional certification will require evidence of continued NSAID usage or specific documentation of gastrointestinal complaints or this medication will be discontinued on subsequent review, due to non-compliance to medication guidelines. Non-certification: Tramadol HCL ER 150mg #90 as there was no CA MTUS opioid mandated documentation including measurable subjective and/or functional benefit as a result of medication 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 between the provider and claimant. Non-certification: Terocin Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: Naproxen Sodium tablets 550mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in regards to NSAIDS they are recommended for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. Per documentation the patient was on Naproxen and prior reviews recommended continued certification with evidence of measurable subjective and/or functional benefit as a result of medication and the need for continuation. A review of the documentation does not reveal submitted improved pain or function despite being on Naproxen therefore the for Naproxen Sodium tablets 550mg #120 is not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Omeprazole 20mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. It was determined that Naproxen was not medically necessary therefore the patient will not be on an NSAID. The documentation indicates that the patient does not meet the criteria for a proton pump inhibitor therefore the retrospective request for Omeprazole 20mg #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) 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 (chronic), Ondansetron (Zofran®); Antiemetics (for opioid nausea

Decision rationale: Ondansetron ODT 8mg #30 is not medically necessary per the ODG Guidelines. The MTUS does not specifically address Ondansetron (Zofran). The ODG does not recommend Ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. There is no documentation that this Ondansetron is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment therefore this medication is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Tramadol ER 150mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that when a patient is on opioids a pain assessment should include: current pain; the least reported pain over the period since last assessment; average long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Additionally the guidelines state that "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be documented. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate evidence of the monitoring of the 4 A's or functional improvement. The request for Tramadol ER 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 Lidocaine Methyl salicylate Page(s): 112, 105.

Decision rationale: Terocin patches #30 are not medically necessary per the MTUS Guidelines. Terocin patch contains menthol and Lidocaine. Menthol is not specifically addressed in the MTUS but is an ingredient in methyl salicylate products such as Ben Gay which is supported by the MTUS. The guidelines state that lidocaine is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The documentation is not clear on whether the patient has had a trial of first line therapy for neuropathic pain prior to attempting a patch with Lidocaine. The request for Terocin patches is not medically necessary.

Orphenadrine 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) Page(s):.

Decision rationale: Orphenadrine 100mg #120 is not medically necessary per the MTUS Guidelines. The guidelines state that the mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations inpatients with chronic low back pain. The documentation does not indicate that patient has an acute exacerbation with chronic low back pain. The request for Orphenadrine is not medically necessary.