MAXIMUS Federal Services

Case Number:	CM14-0107340		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2012
Decision Date:	12/30/2014	UR Denial Date:	06/18/2014
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 & 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:

This is a worker who suffered an industrial related injury on 9/20/2012. The injured worker is treated for chronic low back pain ("lumbago"). There were very few medical records provided and of those much of it was illegible. One note regarding the physical exam states "L/S-well healed incision," which may indicate a laminectomy procedure. There were no other medical records to review. On 6/18/14 the utilization review (UR) physician denied the requests for Ondansetron 8mg #30, Orphenadrine 100 mg #120, Tramadol 150 mg #90, and Terocin 30. The UR physician modified the requests for Naproxen 550 mg #120, and Omeprazole 20 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120 x1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: NSAIDS may be medically indicated for short-term treatment of exacerbations of low back pain. The medical documentation does not mention this indication. Naproxen is not medically necessary.

Omeprazole 20mg #120 x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI), which may be medically indicated to treat peptic ulcer disease or to minimize GI complications in patients taking NSAIDS, who have shown adverse GI effects while taking NSAIDS. Neither medical condition is mentioned in the documentation. Based on the documentation, omeprazole is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approach to the adult with nausea and vomiting, by GF Longstreth, MD; UpToDate.com

Decision rationale: Ondansetron is an effective and strong medicine used to treat the nausea from chemotherapy or for the short-term treatment of nausea from gastroenteritis. The medical documentation does not clearly state what is being treated. Ondansetron is not medically necessary.

Orphenadrine 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Orphenadrine is a muscle relaxer, specifically an anti-spasmodic. Muscle relaxers are considered a second-line option to treat acute exacerbations in patients with chronic low back pain. They are not medically indicated to be used in patients with chronic low back over the long-term. Orphenadrine is not medically necessary.

Tramadol #90 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: Tramadol is weak opioid analgesic. Like other medications in its class, tramadol can be effective when used for the short-term relief of low back pain. When used for the long-term, there is little evidence that it is effective, as it does not lead to improved function Taking opioids over the long-term may lead to tolerance, dependency, addiction, and aberrant drug related behavior. There is no documentation of the dosing nor any documentation of improvement in function. Tramadol is not medically necessary.

Terocin 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin 30 is a topical compounded analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. This OTC product is marketed for the treatment of musculoskeletal aches and pains. Topical compounded analgesics are considered experimental for any and all conditions, as clinical trials fail to show a benefit above and beyond that of a placebo. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not medically indicated for any chronic pain problem. Salicylates are not medically indicated in its topical form. Capsaicin has a medical indication for neuropathy, which this patient does not have. Terocin 30 is not medically necessary.