

Case Number:	CM14-0107761		
Date Assigned:	08/01/2014	Date of Injury:	01/23/2012
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
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 Internal 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:

The injured worker is a 56 year old male who had a work related injury on 01/23/12. He was working as a deputy sheriff and was working a custody assignment and felt his back go out when he was bending over to search the property of an inmate. He believed he had four or five sessions of physical therapy. He had MRI of his cervical spine lumbar spine. Cervical spine study reportedly demonstrated 30% decrease in disc height at C3-4 with partial disc dehydration, modic changes in the adjacent vertebral body endplates, 2-3mm posterior disc protrusion with encroachment on subarachnoid space, encroachment on the neural foramina bilaterally with compromise on the exiting nerve roots bilaterally right greater than left. At C5-6 there was partial disc dehydration with 3mm anterior disc protrusion with encroachment on the anterior longitudinal ligament. At C6-7 there was a 2mm right posterolateral disc protrusion/osteophyte formation complex with encroachment on the right neural foramen and compromise on the right exiting nerve root. MRI of lumbar spine 2mm left posterolateral disc protrusion at L1-2, at L3-4 decrease disc height and disc dehydration a Schmorl node was in the superior aspect of the L4 and 3mm posterior disc protrusion/disc extrusion with encroachment on the thecal sac and neural foramina, right greater than left. Modic changes in the adjacent vertebral body. L4-5 partial disc dehydration and 3mm posterior disc protrusion with evidence of annular tear and fissuring, encroachment on the thecal sac. Electromyography/Nerve conduction velocity (EMG/NCV) of the upper extremities reportedly demonstrated evidence of moderate bilateral carpal tunnel syndrome. Bilateral ulnar neuropathy at the elbows. Most recent clinical documentation submitted for review was dated 05/20/14. The injured worker had constant cervical spine and lumbar spine pain with left knee pain. On physical examination he had tenderness to palpation in the cervical spine and lumbar spine. Positive straight leg raise. Positive patellar compression test. Pain with terminal motion of his knee. Diagnosis was cervical cervicalgia, lumbago,

internal derangement of the knee. Prior utilization review on 06/11/14 Zofran, Orphenadrine citrate, tramadol, Triptan, and Terocin patch were non-certified. There was no clinical documentation of visual analog scale (VAS) scores with and without medication no documentation of functional benefit or improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines 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), Antiemetics (for opioid nausea)

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the patient has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron ODT tablets 8 mg, #30, is not medically necessary.

Orphenadrine Citrate ER 100 mg, #120: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Tramadol Hydrochloride ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Sumatriptan Succinate tablets 25 mg, #9 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Head 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) Head, Triptans

Decision rationale: As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. However, there is no indication in the documentation provided that the patient suffers from migraines, has symptoms associated with acute headaches, or has a diagnosis of migraine headaches requiring treatment with medication containing triptans. As such, the request for Sumatriptan Succinate 25mg Tab #9 With two refills, cannot be recommended as 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 topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line

neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.