

Case Number:	CM14-0107858		
Date Assigned:	08/01/2014	Date of Injury:	09/27/2012
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 09/27/2012. The mechanism of injury was not provided. On 07/17/2014, the injured worker presented with constant low back pain. Upon examination, there was palpable paravertebral muscle tenderness with spasm and a positive seated nerve root test. Flexion and extension were restricted and guarded and there was no clinical evidence of stability. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot. Diagnosis was lumbago. Current medications included Naproxen Sodium, Orphenadrine Citrate ER, Ondansetron, Omeprazole, Tramadol, and Terocin patches. The provider recommended Ondansetron, Orphenadrine Citrate, Tramadol and Terocin patches, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, # 30 x 2: 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 (for Opioid nausea).

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

Decision rationale: The request for Ondansetron 8 mg with a quantity of 30 times two is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects include nausea and vomiting is limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, the etiologies of these symptoms should be evaluated. As the guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Omeprazole 20mg, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk-Proton Pump Inhibitor Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg with a quantity of 120 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. There was lack of documentation that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, the injured worker has been prescribed omeprazole since at least 02/2014, and the efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Orphenadrine Citrate, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

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

Decision rationale: The request for Orphenadrine Citrate with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second like option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement of efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed Orphenadrine Citrate since at least 03/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the dose or

frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Tramadol 150mg, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Tramadol 150 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Terocin Patches QT, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The request for Terocin patches QT with a quantity of 30 is not medically necessary. Terocin cream is comprised methyl salicylate, capsaicin, menthol, and lidocaine. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers have not responded to, or are intolerant to other treatments. The guidelines state that Lidoderm is the only topical form of lidocaine approved. There was lack of documentation that the injured worker has not responded to or intolerant of other treatments. The guidelines did not recommend topical lidocaine in any form than Lidoderm. Included medical documentation lacked evidence of a failed trial of antidepressants and anticonvulsants. The request does not indicate the frequency, dose, or site at which the Terocin cream was intended for in the request as submitted. As such, the request is not medically necessary.