

Case Number:	CM14-0109174		
Date Assigned:	08/01/2014	Date of Injury:	07/15/2007
Decision Date:	09/26/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational 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:

Patient is a 71-year-old male who has submitted a claim for severe lumbar discopathy, facet arthropathy, neural compression with lumbar radiculitis, major depressive disorder, and generalized anxiety disorder associated with an industrial injury date of 7/15/2007. Medical records from 2012 to 2014 were reviewed. The patient complained of low back pain, aggravated by bending, twisting, pushing, pulling, standing, and sitting. Pain radiated to bilateral lower extremities, associated with numbness and tingling sensation. Physical examination of the lumbar spine showed tenderness and pain upon terminal motion. Seated nerve root test was positive. Paralumbar muscle spasm was present. Atrophy was present at the quadriceps. Deep tendon reflexes were absent. Sensation was diminished at left lateral thigh. Motor strength was intact. Treatment to date has included physical therapy, use of the hot/cold modality, and medications such as naproxen, Orphenadrine, Ondansetron, Omeprazole, Tramadol, and Terocin patch (since June 2014). Utilization review from 6/16/2014 denied the request for Omeprazole 20mg #120 because there was no documentation of upper gastrointestinal risk factors; denied Ondansetron 8mg #30 because the patient was only using a weak opioid, tramadol; denied Orphenadrine Citrate #120 because there was no evidence of acute flare up of symptoms; and denied Terocin Patches #30 because patient had chronic low back pain which is central, not peripheral type of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (Acetyl Salicylic Acid), corticosteroids, or anticoagulant; or on high-dose/multiple Non-Steroid Anti-Inflammatory Drugs (NSAIDs). Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since June 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Although patient is a 71-year-old male, other risk factors such as presence of comorbidities and high-dose / multiple NSAIDs were not present. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #120 is not medically necessary.

Ondansetron 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.

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, Antiemetics (for opioid nausea) and Ondansetron.

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, patient has been on Ondansetron since June 2014. However, patient has no subjective complaints of nausea or vomiting. Patient is not in post-operative state. He is not receiving any chemotherapy or radiation therapy to necessitate this medication. There is no clear indication for this request. Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there was no previous intake of Orphenadrine. The most recent physical examination showed evidence of paralumbar muscle spasm; hence, prescription of muscle relaxant is a reasonable treatment option. However, the present request as submitted failed to specify dosage and frequency of intake. The request is incomplete; therefore, the request for Orphenadrine Citrate #120 is not medically necessary.

Terocin Patches #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 Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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 (antiepileptic drug) such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC (Over The Counter) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, there was no prior use of Terocin patch. Clinical manifestations are consistent with peripheral neuropathy; hence, prescription of lidocaine patch is a reasonable treatment option. However, records reviewed failed to show evidence of trial of first line therapy. Guideline criteria were not met. Therefore, the request for Terocin patch #30 is not medically necessary.