

Case Number:	CM14-0109192		
Date Assigned:	08/01/2014	Date of Injury:	03/05/2011
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 03/05/2011 caused by an unspecified mechanism. The injured worker's treatment history included MRI, medications, and surgery. He received a lumbar epidural steroid injection bilateral L3-5 gave him greater than 80% overall improvement on 01/24/2014. He reported good functional improvement in the following areas, decrease in pain medication requirements, improved mobility, and improved sleep. Furthermore, the duration of improvement was for 4 months. On 06/23/2014, the provider submitted a pain medicine re-evaluation and the injured worker's subjective complaints which were low back pain. The pain radiated down the left lower extremity and was aggravated by activity. Lower extremity in the left thigh and buttocks was rated at 4/10 in intensity with medications and without medications was 7/10. Within the documentation submitted, the provider noted a periodic review each of the injured worker's prescribed medications, which have been provided to reduce pain and/or sequelae resulting from their injury. The review included a decision of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. It noted the injured worker was to continue with ongoing home exercise program; however, the outcome measurements were not submitted for this review. The injured worker was evaluated on 03/31/2014 which noted he complained of back pain that radiated down to the left lower extremity and down into the buttocks. The pain was rated at 3/10 intensity with medications and without it was 5/10. The physical examination of the lumbar spine revealed tenderness was noted upon palpation bilaterally in the paravertebral area L4-S1 levels. The range of motion of the lumbar spine was mildly limited secondary to pain. Pain was significantly increased with flexion, extension, rotation. Sensory exam showed no change since the injured worker's last visit. Lower extremity

flexor and extensor strength was unchanged from prior exam. Diagnoses included a lumbar facet arthropathy, lumbar radiculopathy, right elbow pain, hypertension, insomnia, and chronic pain, other. Medications include Tramadol HCL 50 mg and Naprosyn. The request for authorization dated 06/12/2014 was for Ondansetron 8 mg, Orphenadrine ER 100 mg, Tramadol ER 150 mg, and Terocin patch, the rationale was for pain relief for the injured worker's pain.

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, quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, updated 5/15/2014.

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), Antiemetic's (for opioid nausea).

Decision rationale: The request for Ondansetron 8mg # 30 X 2 quantity 60 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The document submitted does not warrant the need for Zofran ODT. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. Given the above, the request is not medically necessary.

Orphenadrine ER (Norflex) 100 mg #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 & Orphenadrine Norflex Page(s): 64, 65.

Decision rationale: The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain.

However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. The documentation submitted for review failed to indicate how long the injured worker has been taking Norflex and out measurements while on the medication. In addition, there were no conservative care measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency of medication. Given the above, the request for Norflex ER 100 mg # 120 is not medically necessary.

Tramadol ER 150mg #90: 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, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50 mg 60 count is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. Furthermore, there is a lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no urine drug screen submitted to indicate Opioids compliance for the injured worker. Given the above the request for Tramadol ER150mg # 90 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.

Terocin patch #30: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency, dosage or location where the patches will be applied. As such, the request for Terocin Patch # 30 is not medically necessary.