MAXIMUS Federal Services

Case Number:	CM14-0109397		
Date Assigned:	08/01/2014	Date of Injury:	02/16/2012
Decision Date:	12/12/2014	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 & 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:

The injured worker is a 58-year-old male who reported an injury on 02/16/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic pain, degenerative cervical intervertebral disc, cervicalgia, neuralgia, neuritis/radiculitis, and myofascial pain. Past medical treatment consists of injections, physical therapy, acupuncture therapy, and medication therapy. Medications include ondansetron, orphenadrine, tramadol, and Terocin patches. No urinalysis (UA) or drug screens were submitted for review. On 09/03/2014, the injured worker complained of left elbow and posterior neck pain. Physical examination of the neck revealed no erythema, ecchymosis, or edema. There was generalized moderate tenderness over the neck and shoulder girdle. It was also noted there was full, painless range of motion in the neck. Normal stability. Normal strength and tone. Examination of the left upper extremity revealed weakness in distal left upper extremities, especially in grip strength and FCU. The injured worker was able to give a 5/5 for less than 1 second due to pain. The medical treatment plan is for the injured worker to continue with medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #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 last updated 05/15/2014, 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, Antiemetics (Ondansetron)

Decision rationale: The request for ondansetron 8mg #60 is not medically necessary. The Official Disability Guidelines state that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure, and studies of opioid adverse effects including nausea and vomiting and limited to short term duration (less than 4 weeks) and have limited application to long term use. The submitted documentation indicates that the injured worker has been on ondansetron since at least 01/10/2013, exceeding recommended guidelines for short term use. Guidelines also state that side effects should diminish over days to weeks. If not, then other ideologies of symptoms should be evaluated. Furthermore, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within ODG recommended guideline criteria. As such, the request is not medically necessary.

Orphenadrine ER 100mg (Norflex) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)/Antispasticity and Antispasmodics. Decision based on Non-MTUS Citation ODG-TWC Drug Formulary

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

Decision rationale: The request for orphenadrine ER 100mg (Norflex) #120 is not medically necessary. The MTUS Guidelines state that orphenadrine is a nonsedating recommended muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in low back cases, they showed no benefit beyond non-steroidal anti-inflammatory drug (NSAID) in pain and overall improvement. 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. The submitted documentation lacked quantitative information regarding pain relief. Additionally, there was no indication whether the medication above was helping with any muscle spasms. Furthermore, it was indicated in the submitted documentation that the injured worker had been on the medication since at least 09/2013, exceeding recommendations of a short term course of therapy. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol) Page(s): 78, 93-94.

Decision rationale: The request for tramadol ER 150mg #90 is not medically necessary. The submitted documentation did not mention an efficacy for the medication nor did it indicate that the medication was helping with any functional deficits the injured worker might be having. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screens submitted for review showing that the injured worker was compliant with prescription medications. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not 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 Lidocaine (Terocin) Page(s): 112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. The guidelines state that lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclics or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin and Lyrica. No other commercially approved topical formulations of Lidocaine (whether creams, locations, or gels) are indicated for neuropathic pain. Nondermal patch formulations are generally indicated as local anesthetic and antipruritic. In 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. There was no indication in the submitted documentation of the injured worker having diagnosis of neuropathic pain. Additionally, the efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits the injured worker was having. There was also no assessment submitted for review showing what pain levels were before, during, and after the application of the Terocin patches. Furthermore, there was no indication in the submitted documentation of the injured worker having trialed and failed any antidepressants, tricyclics, or AEDs. The request as submitted also did not indicate the frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.