

Case Number:	CM14-0109405		
Date Assigned:	08/01/2014	Date of Injury:	03/30/2012
Decision Date:	10/21/2014	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 patient is a 50 year old male who was injured on 3/30/2012. The diagnoses are neck, low back and left shoulder pain. The MRI of the left shoulder showed adhesive capsulitis, the lumbar spine MRI showed multilevel facet degeneration, disc bulges and anterolisthesis L5 on S1. The cervical spine MRI was significant with degenerative disc disease. The past surgery history is significant for right hip and left shoulder surgeries. On 6/11/2014, [REDACTED] noted subjective complaints of severe neck and low back pain. There were objective findings of tender muscle spasm, positive straight leg raising test and positive Spurling's test. A Utilization Review determination was rendered on 6/19/2014 recommending denial for Orphenadrine 100mg #120, Ondansetron 8mg #60, Omeprazole 20mg #120, Tramadol 150mg #90, Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT Page(s): 63-66.

Decision rationale: The CA MTUS and the (ODG) Official Disability Guidelines guidelines recommend that the use of muscle relaxants and antispasmodics be limited to periods of less than 4 weeks during exacerbation of musculoskeletal pain that did not respond to standard treatment with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s and Physical Therapy (PT). The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other medications. The records indicate that the patient had utilized muscle relaxant for years. The patient was weaned off Cyclobenzaprine in April 2014 due to denial. The criteria for the use of ophenadrine 100mg #120 was not met.

Ondansetron 8mg #60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the (ODG) Official Disability Guidelines guidelines do not recommend chronic antiemetic medications during chronic opioid treatment. The nausea and vomiting associated with opioids medication is self limiting. The FDA indications for ondansetron is the prevention and treatment of chemotherapy and perioperative nausea and vomiting. The records indicate that the patient is utilizing Ondansetron for the treatment of opioid associated nausea and vomiting. The criteria for the use of Ondansetron 8mg #60 was not met.

Omeprazole 20mg #120: 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), Proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the (ODG) Official Disability Guidelines guidelines recommend that the use of Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s be limited to the lowest possible dose for the shortest periods to decrease the development of cardiovascular, renal and gastrointestinal complications. The patient is utilizing proton pump inhibitors for the prevention and treatment of NSAIDs induced gastrointestinal complication. The records did not show that the patient is currently utilizing NSAIDs or have gastrointestinal disease that is being treated with Omeprazole. The criteria for the use of Omeprazole 20mg #120 was not met.

Tramadol 150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that Opioids can be utilized in the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatment with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s and Physical Therapy (PT). Opioids can also be utilized for maintenance treatment for patients with severe pain who have exhausted treatment with non opioid medications, PT and surgical options. The records indicate that the patient reported severe pain and decreased range of motion that is responding to tramadol medication. The patient has completed PT and surgeries. The criteria for the use of Tramadol 150mg #90 was met.

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 compound topical Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical preparations can be utilized in the treatment of localized neuropathic pain when treatment with anticonvulsant and antidepressant medications cannot be tolerated or have failed. It is recommended that topical medications be tried and evaluated individually. The Terocin patch contains menthol 10%/lidocaine 2.5%/capsaicin 0.025% / methyl salicylate 25%. The records did not show that the patient failed first line anticonvulsant and antidepressant medications. There is lack of guidelines or FDA support for the chronic use of menthol and methyl salicylate in the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch was not met.