

<b>Case Number:</b>	CM14-0012416		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 49-year-old male who reported an injury after a motor vehicle accident 01/08/2009. The clinical note dated 11/21/2013 indicated a diagnosis of cervical discopathy. The injured worker reported chronic headaches, tension between the shoulder blades, and migraines. On physical exam, there was paravertebral muscle spasm and a positive axial loading compression test. The injured worker had extension of symptomatology in the upper extremities of C5-6 and C6-7 roots and dermatomes. The injured worker had generalized weakness and numbness. The injured worker had suboccipital-type headaches and cervicgia. The injured worker's prior treatments included medication management. The injured worker's medication regiment included Tramadol. The provider submitted request for 10 Terocin patches; Naproxen 550 mg 120 tablets; Cyclobenzaprine 7.5 mg 120 tablets; Sumatriptan Succinate 25 mg 18 tablets; Ondansetron 8 mg 60 tablets; Omeprazole 20 mg 120 tablets; Tramadol ER 150 mg 90 tablets. A Request for authorization dated 12/18/2013 was submitted for Naproxen Sodium tablets, Omeprazole delayed release, Ondansetron, Cyclobenzaprine, Tramadol Hydrochloride, Terocin patch, and Sumatriptan Succinate tablets. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF 10 TEROGIN PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** The request for prospective request for prescription of 10 Terocin patches is not medically necessary. The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%)The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was lack of evidence in the documentation to indicate the injured worker has postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain to warrant the use of Capsaicin. In addition, the Guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, Lidocaine is not recommended. Per the Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request did not provide a frequency or dosage for the medication. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for quantity 10 Terocin patches is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF NAPROXEN 550MG, #120:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The request for prospective request for prescription of Naproxen 550mg, #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines indicate Naproxen is recommended for osteoarthritis including the knee and hip. The Guidelines also recommend at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for osteoarthritis. The Guidelines also recommend the lowest dose for the shortest period in patients. Furthermore, the request did not provide a frequency for the

medication. Therefore, the prospective request for prescription of Naproxen 550 mg, 120 tablets is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64.

**Decision rationale:** The request for prospective request for prescription of Cyclobenzaprine 7.5mg, #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend Cyclobenzaprine for a short course of therapy. The Guidelines also indicate it is used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The greatest effect appears to be in the first 4 days of treatment. The injured worker has had neck symptoms since at least 11/2013, which makes this a chronic problem. In addition, the request does not provide a frequency. Therefore, the request for prescription of Cyclobenzaprine 7.5 mg, 120 tablets is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF SUMATRIPTAN SUCCINATE 25MG, #18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for prospective request for prescription of Sumatriptan Succinate 25mg, #18 is not medically necessary. The Official Disability Guidelines (ODG) recommend Sumatriptan succinate for migraine sufferers. The guidelines state at marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The documentation submitted did not indicate how long the injured worker had the migraines, frequency of the migraines, and prior course of treatment for the migraines. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for Sumatriptan Succinate 25 mg 18 tablets is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF ONDANASETRON 8MG, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for prospective request for prescription of Ondanasetron 8mg, #60 is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Ondanasetron for nausea and vomiting secondary to chronic opioid use. The Guidelines also indicate it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis but not for pain. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for chemotherapy and radiation treatment or that he would undergo surgery. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for Ondanasetron is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF OMEPRAZOLE 20MG, #120:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The request for prospective request for prescription of Omeprazole 20mg, #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The documentation submitted did not indicate the injured worker was at risk for any gastrointestinal events. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for Omeprazole 20 mg, 120 tablets is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF 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, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for prospective request for prescription of Tramadol ER 150mg ,#90 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The

ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of a risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate the frequency for the medication. Therefore, the request for Tramadol ER 150 mg, 90 tablets is not medically necessary.