

Case Number:	CM14-0015602		
Date Assigned:	02/28/2014	Date of Injury:	04/17/1997
Decision Date:	07/31/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The patient is a 59-year-old male who has filed a claim for lumbar discopathy associated with an industrial injury date of April 17, 1997. As per utilization review dated January 13, 2014, patient reports improvement of low back pain with no radicular component. Findings include limited range of motion, and a well-healing incision following surgery on November 01, 2013. Treatment to date has included NSAIDs, muscle relaxants, opioids, sedatives, and lumbar spinal surgery in November 2013. Utilization review from January 13, 2014 denied the requests for 120 Cyclobenzaprine hydrochloride 7.5mg as this is not recommended for chronic use; 60 ondansetron ODT 8mg as there is no documentation of nausea or vomiting; 120 omeprazole DR 20mg as the patient does not present with GI risk factors; 90 tramadol hydrochloride ER 150mg there was no documentation of functional improvement; and 10 Terocin patches as the components are not recommended for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine Hydrochloride 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient has been on this medication since at least May 2013. There were no post-operative reports submitted in the documentation. There was no indication of acute exacerbations of pain or of significant muscle spasms as per utilization review dated January 13, 2014. Therefore, the request for 120 Cyclobenzaprine hydrochloride 7.5mg is not medically necessary.

60 Ondansetron ODT 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines was used instead. According to Official Disability Guidelines ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Patient has been on this medication since October 2013. There were no post-operative reports submitted in the documentation. Although the patient had surgery in November 01, 2013, there was no documentation of nausea or vomiting. Therefore, the request for 60 ondansetron ODT 8mg is not medically necessary.

120 Omeprazole DR 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since August 2013. The patient reports abdominal symptoms of sudden onset left-sided abdominal cramping, occurring twice a week, accompanied by gas, bloating, constipation, and diarrhea. The patient was diagnosed with irritable bowel syndrome and GERD. Capsule endoscopy dated September 12, 2013 showed hiatal hernia, esophagitis, and gastric

erosions. Although the patient is on NSAID therapy, there is no documentation of the patient's post-operative and current condition. Additional information is necessary to support the use of this medication. Therefore, the request for 120 omeprazole DR 20mg is not medically necessary.

90 Tramadol Hydrochloride ER 150MG: 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): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least May 2013. The patient has been on this medication since August 2013. There were no post-operative reports submitted in the documentation. Additional information is necessary to support the continued use of this medication. Therefore, the request for 90 tramadol hydrochloride ER 150mg is not medically necessary.

10 Terocin 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 Lidoderm (lidocaine patch) /Topical Analgesics, Lidocaine Page(s): 56-57,112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the FDA for neuropathic pain has designated topical lidocaine in the formulation of a dermal patch for orphan status. In addition, 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 such as gabapentin or Lyrica). Regarding the Menthol component, California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no documentation regarding the patient's post-operative condition, or of trials of first-line medications, to support this request. Therefore, the request for 10 Terocin patches is not medically necessary.