MAXIMUS Federal Services

Case Number:	CM14-0015672		
Date Assigned:	03/03/2014	Date of Injury:	05/25/2010
Decision Date:	06/30/2014	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California & Minnesota. 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 52-year-old male who reported an injury on 05/25/2010 due to a motor vehicle accident. The report dated 01/07/2014 noted the injured worker presented with pain of the neck, wrist, and back. Upon examination of the cervical spine, there was discomfort with deep palpation at the paraspinous region bilaterally and mild guarding was noted through the range of motion testing. Range of motion values were 45 degrees of flexion, 40 degree of extension, 30 degrees of right lateral bending, 30 degrees of left lateral bending, 55 degrees or right lateral rotation, and 55 degrees of left lateral rotation. Lumbar range of motion values were 25 degrees of flexion, 15 degrees of extension, 15 degrees of right lateral bending, and 18 degrees of left lateral bending. The straight leg raise was positive to the right. The diagnoses were cervical lumbar strain 01/09/2006, thoracolumbar, right wrist strain 05/25/2010, cervical spine, thoracic spine, lumbar spine strain secondary to trauma, history of prior cervical spine, lumbar spine strain 1993, and status post microdiscectomy L4-5, L5-S1 on 09/28/2012. The prior treatment included physical therapy and medication management. The provider recommended 120 cyclobenzaprine hydrochloride 7.5 mg, 60 Ondansetron ODT 8 mg, 120 omeprazole DR 20 mg, 90 tramadol hydrochloride ER 150 mg, and 10 Terocin patches. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

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 ([redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine,(FLexorilï¿½, Amrix, Fexmid, Generic available.

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

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request for 120 cyclobenzaprine exceeds the guideline recommendation of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. There is a lack of efficacy of the use of this medication. Therefore, the request is not medically necessary.

60 ONDANSETRON ODT 8MG ([redacted]): 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, Ondansetron.

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

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. These 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 4 weeks and limited application to long-term use. There was a lack of significant objective examination findings to support pathology that would warrant the use of Ondansetron. There was no indication that the injured worker had any nausea or vomiting. Also, the request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

120 OMEPRAZOLE DR 20MG ([redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk ..

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians use

the following criteria to determine if injured workers at risk for gastrointestinal events includes (1) Age greater than 65 years old, (2) history of peptic ulcer, GI bleed or perforation, (3) concurrent use of ASA, corticosteroids, and/or anticoagulant, or (4) high dose multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The documentation did not indicate that the injured worker had a history of peptic ulcer, GI bleed, or perforation. The documentation did not indicate the injured worker is at risk for gastrointestinal events. The frequency was not provided in the request submitted. Therefore, the request is not medically necessary.

90 TRAMADOL HYDROCHLORIDE ER 150MG ([redacted]): 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 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management for chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evidence. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There is a lack of efficacy of the use of this medication. The request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

10 TEROCIN PATCHES ([redacted]): Upheld

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

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

Decision rationale: Terocin patches are comprised of lidocaine, menthol, capsaicin, and methyl salicylate. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended. Lidoderm is the only commercially approved topical formulation for lidocaine. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is not recommended by the guidelines. Capsaicin is only recommended for injured workers who have not responded to or are intolerant to other treatments. There is lack of evidence documenting the injured workers failure to respond or intolerant to other treatments. The providers request does not provide the site that the

patches were intended for, and it does not indicate the dose. Therefore, the request is medically necessary.