

Case Number:	CM14-0017184		
Date Assigned:	04/14/2014	Date of Injury:	08/19/2010
Decision Date:	07/03/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/11/2014

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, and is licensed to practice in Florida. 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 59-year-old male who reported injury on 08/19/2010. The mechanism of injury was not provided. The documentation of 12/09/2013 revealed the injured worker had complaints of chronic headaches, tension between the shoulder blades, and migraines. The injured worker was diagnosed with cervical discopathy, carpal tunnel double crush syndrome, status post right shoulder surgery, left shoulder impingement, rule out rotator cuff pathology, lumbar discopathy, status post right total knee arthroplasty, left knee advanced degenerative joint disease, and status post left knee ACL reconstructive surgery. The treatment plan included an injection of Toradol and vitamin B12 complex, a bilateral carpal tunnel releases, DME, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR NAPRAXEN SODIUM TABLETS 550MG #100: 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: California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide the above documentation. The duration of use for the requested medication could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription for Naproxen Sodium Tablets 550mg #100 is not medically necessary.

PRESCRIPTION FOR CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #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 Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of the above. The duration of use for the requested medication could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription for Cyclobenzaprine Hydrochloride Tablets 7.5MG #120 is not medically necessary.

PRESCRIPTION FOR SUMATRIPTAN SUCCINATE TABLETS 25MG #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary (Last Updated 6/4/13).

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, Triptans.

Decision rationale: Official Disability Guidelines recommend triptans for the treatment of migraine headaches. The clinical documentation submitted for review failed to indicate the injured worker had migraines. There was a lack of documentation of efficacy of the requested medication. The duration of use for the requested medication could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for prescription for Sumatriptan Succinate Tablets 25mg #18 is not medically necessary.

PRESCRIPTION FOR ONDANSETRON ODT TABLETS 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 10/14/13).

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, ONDANSETRON.

Decision rationale: Official Disability Guidelines do not recommend Ondansetron for the treatment of opioid-induced nausea and vomiting. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, the request as submitted failed to indicate the frequency for the requested medication. The duration of use for the requested medication could not be established through supplied documentation. Given the above, the request for prescription for Ondansetron ODT tablets 8MG #60 is not medically necessary.

PRESCRIPTION FOR OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The duration of use for the requested medication could not be established through supplied documentation. Additionally, the request as submitted failed to indicate the frequency for the medication. Given the above, the request for prescription for Omeprazole Delayed Release Capsules 20mg #120 is not medically necessary.

PRESCRIPTION FOR TRAMADOL HYDROCHLORIDE 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 Medications For Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the

above, the request for prescription for Tramadol Hydrochloride ER 150mg #90 is not medically necessary.

PRESCRIPTION FOR TEROGIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch Topical Salicylate, Topical Analgesic, Lidocaine Page(s): 105,111,112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Lidocaine is recommended only in the form of Lidoderm. California MTUS Guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and menthol. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation of efficacy of the requested medication. The duration of use for the requested medication could not be established through supplied documentation. The request as submitted failed to indicate the strength and frequency of the requested medication. Given the above, the request for prescription for Terocin patch #10 is not medically necessary.