

Case Number:	CM14-0017523		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2010
Decision Date:	09/11/2014	UR Denial Date:	01/23/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury 09/20/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 10/10/2013, indicated diagnoses of cervical discopathy with radiculitis, status post left shoulder arthroscopy with decompression, right shoulder impingement syndrome with partial rotator cuff tear, right cubital tunnel syndrome, medial epicondylitis, status post bilateral carpal tunnel release and electrodiagnostic evidence of moderate bilateral carpal tunnel syndrome dated 09/21/2011. The injured worker reported persistent pain in the neck aggravated by repetitive motions of the neck, prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The injured worker reported upper extremity pain. The injured worker reported the injection had helped her symptomatology for more than 3 months. However, she reported the pain had recurred. On physical examination of the cervical spine there was tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. The injured worker's axial loading compression test and Spurling's maneuver were positive. The injured worker had painful and restricted cervical range of motion. The examination of the bilateral shoulders had residual pain. However, range of motion has significantly improved. The examination of the right shoulder revealed pain and tenderness in and around the anterior glenohumeral region and subacromial space with positive Hawkins' and impingement signs. The injured worker right elbow examination revealed tenderness at the medial epicondyle and olecranon fossa. There was a positive Tinel's sign at the elbow. The injured worker had dysesthesia at the ulnar 2 digits. The injured worker's bilateral wrist examination revealed a well-healed carpal tunnel release scar with pain with terminal flexion. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole,

Tramadol, Terocin patch, and Naproxen. The provider submitted a request for the above medications. A Request for Authorization was not submitted for review to include the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen Sodium Tablets 550 mg #120 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had been utilizing this medication. In addition, there is lack of documentation of a quantified pain assessment by the injured worker. Moreover, there is lack of an updated physical examination of the injured worker. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request did not indicate a frequency for the Naproxen. Therefore, the request is not medically necessary.

Cyclobenzaprine hydrochloride tablets 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers' Compensation (TWC), Pain Procedure Summary.

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

Decision rationale: The request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 is not medically necessary. The CA MTUS guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there is lack of an updated physical examination of the injured worker. Additionally, the provider did not indicate a rationale for the request. Furthermore, the request did not indicate a frequency. Therefore, the request for Cyclobenzaprine is not medically necessary.

Sumatriptan Succinate tablets 25 mg #9 X2: 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)- Treatment in Workers' Compensation (TWC) Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for Sumatriptan Succinate tablets 25 mg #9 X2 is not medically necessary. The Official Disability Guidelines recommend Sumatriptan for migraine sufferers. 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 the injured worker had findings that would support she was at risk for migraines. In addition, the provider did not indicate a rationale for the request. Moreover, there is lack of an updated physical exam on the injured worker. Additionally, there is lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is medically not necessary.

Ondansetron ODT tablets 8 mg #30 X2: 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)- Treatment in Workers' Compensation (TWC), Pain Procedure Summary.

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 (Zofran).

Decision rationale: The request for Ondansetron ODT tablets 8 mg #30 X2 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for nausea or vomiting. In addition, there is lack of an updated physical examination of the injured worker. Moreover, the request does not indicate a frequency for this medication. Additionally, the Official Disability Guidelines do not recommend Zofran secondary to chronic opiate use. Furthermore, the request does not indicate a frequency. Therefore, the request is medically not necessary.

Omeprazole delayed-release capsules 20 mg #120: Upheld

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

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

Decision rationale: The request for Omeprazole delayed-release capsules 20 mg #120 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of proton pump inhibitors (PPI) (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding, peptic ulcers or perforations. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there was lack of an updated physical examination of the injured worker. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol Hydrochloride ER 150 mg #90 is not medically necessary. The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behavior and side effects. Furthermore, there is lack of an updated physical examination of the injured worker. In addition, it was not indicated how long the injured worker had been utilizing Tramadol. Therefore, the request is not medically necessary.

Terocin patch qty 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patch #30 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 had post herpetic 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 compound that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not provide a frequency or dosage for the medication. In addition, the injured worker does not have an updated physical examination. Moreover, the documentation did not indicate how long the injured worker had been utilizing the Terocin patch. In addition, the request does not indicate a dosage or frequency. Therefore, the request is not medically necessary