

Case Number:	CM14-0017546		
Date Assigned:	04/18/2014	Date of Injury:	03/05/2010
Decision Date:	09/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family 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:

A 60 year old male injured worker sustained a work injury on 3/5/10 involving the neck, shoulders, back and hips. He underwent a cervical hybrid reconstruction. He had a diagnosis of shoulder impingement, lumbar radiculitis, left hip derangement, double crush syndrome and underwent a right hip arthroplasty. He had undergone therapy, E-Stimulation, and home exercises. A progress note on 9/11/13 indicated the injured worker had cervical spine tenderness, limited range of motion of both shoulders with impingement findings, seated nerve root test positivity in the lumbar spine, dysesthesias at the L5 - S1 level and hip pain. The treating physician requested a transcutaneous electrical nerve stimulation (TENS) unit, Naproxen, Sumatriptan, Medrox patches, Cyclobenzaprine, Ondansetron and Omeprazole. On 1/21/14 the treating physician requested the use of Naproxen, Cyclobenzaprine, Odansetron, Omeprazole, Tramadol, and Terocin Patches. Indications for the medications were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS Guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The physician requested Flexeril over several months. The indication for its use and prolonged time frame were not provided. The Flexeril is therefore not medically necessary.

ONDANSETRON ODT 8MG # 30 X 2, = #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION Guidelines.

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

Decision rationale: Ondansetron (Zofran) is an anti-emetic. According to the ODG Guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Ondansetron is therefore not medically necessary.

OMEPRAZOLE DELAYED-RELEASE CAP 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS Guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with nonsteroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the patient at risk. Therefore, the continued use of Prilosec is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS Guidelines, opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. A recent study that addressed this problem found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioids in doses that have been effective for painful diabetic neuropathy or postherpetic neuralgia. The physician had requested Tramadol over several months. The indication for its use or therapeutic response was not provided. It was used along with an NSAID. The request for Tramadol is therefore not medically necessary.

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS Guidelines, topical analgesics are recommended as an option and 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 one drug (or drug class) that is not recommended is not recommended for use. Lidocaine is 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 anti-epileptic drug (AED) such as Gabapentin or Lyrica). In this case, there is no documentation of failure of first line medications. In addition, other topical formulations of Lidocaine are not approved. Therefore Terocin patches are not medically necessary.