

<b>Case Number:</b>	CM14-0017709		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/30/1981
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 56 year old male who reports a low back injury on 03/31/1981. On 01/27/2014 the injured worker was seen by [REDACTED]. His chief complaints were low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. The physical evaluation of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. A diagnosis of lumbar discopathy is noted. An MRI had been obtained on 06/11/2014 and the impressions showed L5-S1 and L4-5: 4-3mm broad based disc protrusions with bilateral foraminal narrowing, central canal stenosis and impingement on the exiting nerve roots bilaterally at L5-S1 and on the right side at L4-5. The injured worker can continue working modified duty. The injured worker underwent arthroscopy to the right glenohumeral joint with extensive synovectomy, acromioplasty, Mumford resecton, rotator cuff repair and labrum closure on 02/28/2014. Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole and Tramadol prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 NAPROXEN SODIUM TABLETS 550MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

**Decision rationale:** The request for 100 Naproxen sodium tablets 550mg is non-certified. The MTUS chronic pain medical treatment guideline criteria for Naproxin states it is for relief of signs and symptoms of osteoarthritis. Documentation fails to indicate a diagnosis for osteoarthritis nor does the documentation indicate a level of pain or duration of pain. The request for Naproxen Sodium Tablets 550mg is not medically necessary.

**120 CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG:** 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 MUSCLE RELAXERS Page(s): 41.

**Decision rationale:** The request for 120 Cyclobenzaprine hydrochloride tablets 7.5mg is non-certified. According to the MTUS guidelines Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment. The injured worker has had chronic low back pain for 33 years and the guidelines only allow for use of this medication in the early stages of treatment. With regard to furnished clinical documentation the injured worker was prescribed Cyclobenzaprine Hydrochloride tablets on 07/15/2013. This treatment phase exceeds the short course of therapy as stated in the guidelines. Therefore, the request for Cyclobenzaprine is not medically necessary.

**18 SUMATRIPTAN SUCCINATE TABLETS 25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HEAD (ACUTE AND CHRONIC).

**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.

**Decision rationale:** The request for 18 Sumatriptan Succinate tablets 25mg is non-certified. California MTUS and ACOEM guidelines do not address this medication. ODG guidelines address this medication for use with migraine headaches. The documentation fails to support any diagnosis of migraines. The documentation fails to address if the pain medications prescribed on 07/15/2013 were effective in relieving pain. Therefore, the request for 18 Sumatriptan Succinate tablets is not medically necessary.

**60 ONDANSETRON ODT TABLETS 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, PAIN (CHRONIC).

**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, ANTIEMETIC.

**Decision rationale:** : The request for 60 Ondansetron ODT tablets 8mg is non-certified. The injured worker did not have any documented symptoms of nausea or vomiting. This antiemetic is not medically necessary. Therefore, the request for Ondansetron ODT tablets 8 mg is not medically necessary.

**120 OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The request for 120 Omeprazole delayed-release capsules 20mg is non-certified. Guidelines allow for use of this medication when documented gastrointestinal symptoms occur from use of NSAIDS. The injured worker has no documented complaints of adverse reactions from NSAIDS. Therefore, the request for Omeprazole delayed-release capsules 20mg #120 is not medically necessary.

**90 TRAMADOL HYDROCHLORIDE ER 150MG:** Upheld

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

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

**Decision rationale:** The request for 90 Tramadol Hydrochloride ER 150mg is non-certified. The MTUS chronic pain medical treatment guidelines state that Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommend as a first-line oral analgesic. The physical evaluation does not document this injured worker taking any other pain medications first. As prescribed on 07/15/2013 the clinical documentation fails to support the effectiveness of tramadol and no urine drug screen information can be found. The world health organization step ladder approach use of opioids for severe pain of 7/10. There was no indication of a pain level in the clinical documentation. As such, the request for 90 Tramadol Hydrochloride ER 150mg is not medically necessary.

**10 TEROGIN PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**Decision rationale:** The request for 10 Terocin patches is non-certified. Terocin patches contain Lidocaine and menthol. There is little to no research to support use of these compounded products. The MTUS chronic pain medical treatment guidelines state that indications for Lidocaine include neuropathic 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). The documentation provided fails to support any first line of therapy. Therefore, the request for Terocin is not medically necessary.