

<b>Case Number:</b>	CM14-0110153		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Occupational 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:

This is a 58-year-old male who sustained injury on 06/11/2007 when a student pulled open a door that he was holding causing a jerk to his left arm. He reported pain to his neck, upper back and left shoulder. Treatment history includes physical therapy, medications (narcotics, NSAIDs, muscle relaxers), ice/heat, and bone stimulator. Surgical history includes bilateral carpal tunnel release, bilateral cubital tunnel decompression, bilateral shoulder arthroscopic surgery, and cervical fusion at C5-7. A progress report dated 06/30/2014 indicates he presented with constant pain in the cervical spine and thoracic spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or about the shoulder level. The pain is characterized as sharp. There is radiation of pain into the upper extremities. The pain scale was 5 on a 1 to 10 scale. There is constant pain in the lower back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The pain is characterized as sharp. There is radiation of pain into the lower extremities. Pain is unchanged. On a scale of 1 to 10, the pain is a 7. On physical exam of cervical/thoracic spine, there was palpable paravertebral muscle tenderness with spasms. Spurling maneuver is negative. ROM was limited. No clinical evidence of stability on exam. Sensation and strength normal. On physical exam of lumbar spine, there was palpable paravertebral muscle tenderness with spasms. Seated nerve root test was positive. ROM: Standing flexion and extension was guarded and restricted. No clinical evidence of stability on exam. Sensation and strength normal. UR dated 06/20/2014 indicates the request for Ondansetron is not indicated because this medication is not recommended for nausea and vomiting secondary to chronic opioid use. The request for Orphenadrine Citrate was denied because the guidelines do not recommend muscle relaxants as any more effective than NSAID's alone. There is insufficient documentation contraindicating the use of NSAIDs for the patient's current condition. The request for Terocin patches was denied

because there is no documentation that patient failed the first-line therapy of antidepressants and anticonvulsants.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ondansetron 8mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: [www.pdr.net](http://www.pdr.net)

**Decision rationale:** This is a request for Ondansetron, apparently to treat nausea secondary to neck pain. However, Ondansetron is not indicated for this purpose. Also, according to ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is not FDA-approved for this purpose. Medical necessity is not established.

#### **Orphenadrine Citrate #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** This is a request for Cyclobenzaprine for a 58-year-old male with chronic neck, upper back and shoulder pain prescribed Cyclobenzaprine on a long-term basis. According to MTUS guidelines, muscle relaxants are only recommended for short-term treatment of acute exacerbations of chronic low back pain. Further, there is no additional benefit of muscle relaxants in combination with NSAIDs, which the patient is concurrently prescribed. History and examination findings do not demonstrate clinically significant functional improvement from use of Cyclobenzaprine. Medical necessity is not established.

#### **Terocin Patch #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): 111-113.

**Decision rationale:** This is a request for Terocin patch, which contains Lidocaine and Menthol, for a 58-year-old male with chronic neck, upper back and shoulder pain. However, according to MTUS guidelines, the only approved topical formulation of Lidocaine is the Lidoderm patch. Also, topical Lidocaine is only FDA-approved for post-herpetic neuralgia. Further research is needed for before recommending topical Lidocaine for other conditions. Medical necessity is not established.