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| <b>Case Number:</b>   | CM14-0111517 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 05/24/2013 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2014 |

### 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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 54 year old male presenting with chronic pain following a work related injury on 11/01/2002. The injured worker complained of left knee and left ankle pain. The pain is described as moderate. The pain is a 9/10 without medications and 6/10 with medications. The injured worker is status post left arthroscopy of the knee, hardware removal, left knee surgery, hernia repair, and left ankle surgery. The injured worker's medications include Norco 10/325mg, Promethazine 25mg, Baclofen 10mg and Prilosec 20 mg. The physical exam showed left antalgic gait. The injured worker was diagnosed with left ankle fusion, chronic, fracture of lower end of femur, unspecified part, closed, chronic, chronic muscle spasms, insomnia, and chronic pain due to trauma and pain in joint involving lower leg. A claim was made for multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER (Voltaren SR) 100mg #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  
Page(s): 67.

**Decision rationale:** Diclofenac Sodium ER 100mg #120 is not medically necessary. Diclofenac is a non-steroidal anti-inflammatory (NSAID) medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. Therefore, this request is not medically necessary.

**Ondansetron ODT 8mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics Page(s): 10. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference

**Decision rationale:** Ondansetron ODT 8 mg #60 is not medically necessary. The CA MTUS Guidelines indicate that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Additionally, continuous long-term treatment by an antiemetic is not recommended. The medical records do not document length of time the injured worker has been on Ondansetron. With long term use in this case, the requested medication is not medically necessary.

**Omeprazole DR 20mg #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 Page(s): 67.

**Decision rationale:** Omeprazole DR 20mg #120 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on non-steroidal anti-inflammatory drugs (NSAIDs) use page 67. Long term use of PPI, misoprostol or Cox-2 selective agents have been shown to increase the risk of hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use and there is a possible gastrointestinal (GI) effects of another line of agent should be used, for example acetaminophen. Therefore, this request is not medically necessary.

**Orphenadrine Citrate ER 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anit-Spasmodics Page(s): 64.

**Decision rationale:** Orphenadrine Citrate ER 100mg #120 is not medically necessary. CA MTUS "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain." Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications. The injured worker is on Tramadol which is also a sedating medication; therefore, the requested medication is not medically necessary.

**Tramadol HCL ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs). Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The injured worker's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the injured worker continued to report pain. The injured worker has long-term use with this medication and there was a lack of improved function; therefore, the requested medication is not medically necessary.

**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): 111-112.

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended".

Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain is not recommended." The injured worker was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.