

Case Number:	CM14-0111726		
Date Assigned:	08/01/2014	Date of Injury:	12/31/2008
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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:

The injured worker is a 61-year-old male with a reported date of injury on 12/31/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervicalgia and lumbago. His previous treatments were noted to include medications. The progress note dated 05/05/2014 revealed the injured worker complained of constant neck and back pain. The physical examination revealed tenderness at the cervical and lumbar spine with spasms as well as a positive Spurling's, a negative straight leg raise, and decreased range of motion. The Request for Authorization form dated 06/16/2014 was for orphenadrine 10 mg tablets #120 (every 8 hours as needed for pain and spasms), tramadol 150 mg #90 (1 daily for severe pain), ondansetron 8 mg #30 (1 as needed for upset stomach/cramping/nausea; no more than 2 daily), and Terocin patch #30 (for acute or chronic aches or pain).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine100mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle Relaxants Official Disability Guidelines: "N" Drug Formulary.

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

Decision rationale: The request for Orphenadrine 100mg, #120 is non-certified. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol 150mg, #90 is non-certified. The injured worker has been utilizing this medication since at least 05/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding significant decreased pain on a numerical scale with the use of medications, improved functional status with regards to activities of daily living with the use of medications, side effects, and whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Ondansetron 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: Pain Procedure Summary Antiemetic (For Opioid Nausea).

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

Decision rationale: The request for Ondansetron 8mg #60 is non-certified. The injured worker has been utilizing this medication since at least 05/2014. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. The guidelines state ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. The acute use is FDA approved for gastroenteritis. The documentation provided indicated the ondansetron was to be used for medication induced stomach upset, and the guidelines recommend this medication for chemotherapy or postoperative use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Terocin Patch (strength not specified), #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 (strength not specified), #30 is non-certified. Terocin patch consists of lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI (serotonin norepinephrine reuptake inhibitors) antidepressants or an AED (anti-epilepsy drugs) such as gabapentin or Lyrica). 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. The Terocin patch consists of lidocaine and menthol, and the guidelines do not recommend lidocaine in any formulation other than the Lidoderm patch. There is a lack of documentation regarding efficacy of this medication, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.