

<b>Case Number:</b>	CM14-0111737		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	12/10/2014	<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 Physical Medicine & 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:

This is a 52-year-old male with a 6/8/11 date of injury. According to the most recent progress report provided for review, dated 8/26/13, the patient reported neck pain and right shoulder pain. He indicated that an injection has helped his symptomatology. A 6/12/14 request for authorization indicated the patient was taking naproxen, orphenadrine, sumatriptan, ondansetron, omeprazole, tramadol, and Terocin patches. Objective findings: tenderness at the cervical paravertebral muscles with spasm, tenderness at right shoulder, positive impingement. Diagnostic impression: status post C3 to C7 hybrid reconstruction, right shoulder impingement, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release. Treatment to date: medication management, activity modification, injections, surgery. A UR decision dated 6/23/14 denied the requests for ondansetron, orphenadrine, and Terocin patch and modified the request for tramadol to certify 60 tablets for weaning purposes. Regarding ondansetron, there is no documentation of ongoing complaints of nausea and vomiting. Regarding orphenadrine, there is no documentation of muscle spasm. Furthermore, muscle relaxants are not recommended for long term use. Regarding Terocin patch, there is no documentation of neuropathic pain and that the claimant has failed first-line medication treatment such as antidepressant and anticonvulsant medications. Regarding tramadol, the records lack documentation of ongoing pain assessment, pain scores, as well as documentation of current urine drug test, risk assessment profile, and an updated and signed pain contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8 mg #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, Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron)

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, in the reports provided for review, there is no documentation that this patient suffers from nausea and/or vomiting. In addition, there is no documentation that this patient has been undergoing cancer chemotherapy, radiation therapy, or surgery. Furthermore, there are no recent reports provided for review to determine the medical necessity of this medication for this patient's current condition. Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

**Orphenadrine citrate #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers. Decision based on Non-MTUS Citation Official Disability Guidelines, Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, according to the records provided for review, this patient has been taking orphenadrine since at least 6/12/14, if not earlier. In addition, there are no recent reports provided for review to determine the medical necessity of this medication for this patient's current condition. Guidelines do not support the long-term use of muscle relaxants. Furthermore, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Orphenadrine citrate #120 is not medically necessary.

**Tramadol 150 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, there are no recent reports provided for review to determine the medical necessity of this medication for this patient's current condition. Therefore, the request for Tramadol 150mg #60 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): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). However, in the present case, the documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there are no recent reports provided for review to determine the medical necessity of this medication for this patient's current condition. Therefore, the request for Terocin Patch #30 is not medically necessary.