

Case Number:	CM14-0111771		
Date Assigned:	08/01/2014	Date of Injury:	04/12/2007
Decision Date:	11/26/2014	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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 4/12/2007. She was diagnosed with cervicgia with cervical discopathy, shoulder pain, joint pain lower leg, elbow pain, wrist pain, carpal tunnel syndrome, and lumbago with lumbar radiculitis. She was treated with various medications, surgery (wrists, knees), epidural steroid injections, and acupuncture. On 5/6/14, the worker was seen by her primary treating physician reporting continual severe cervical spine pain with radiation as well as headaches and lumbosacral pain. Physical findings included tenderness of the cervical and lumbar area with spasm and reduced range of motion in both areas. Also there was decreased sensation of the right C5-C7 dermatomes. She was then recommended to see a pain specialist (previously requested and pending at the time) as well as continue her medications (not listed in the progress note), and have acupuncture. She was then prescribed the following medications: Orphenadrine (for sleep and muscle spasm), Ondansetron (for headache-associated nausea), Omeprazole, Tramadol, and Terocin, all of which were presumed to be continuations from previous prescriptions, although this was not clear in the documents provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER (Norflex) 100mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for low back painAntispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines - pain procedure and non-sedating muscle relaxants

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the documentation suggested that this medication was intended for chronic use when it was prescribed as opposed to be treating an acute flare-up, of which there was no documented evidence. Therefore, the orphenadrine is not appropriate or medically necessary to use chronically as such.

Ondanisetrone Disintegrating Tablet 8mg #30x2: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Anti-emetic use for opioid-related nausea, Zofran

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. In the case of this worker, the nausea is reportedly due to the worker's headaches and cervical pain. Anti-emetics such as ondansetron are not recommended to be used chronically as such, but rather for short-term acute nausea. Also there is no high quality literature to support any one treatment for nausea in chronic non-malignant pain patients. Therefore, without an explanation as to why ondansetron is being recommended as opposed to another anti-emetic (failed other treatments, etc.), the ondansetron is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief,

functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient documentation showing this review was done, particularly an assessment of functional benefit directly related to his Tramadol use (assuming this is a renewal request), which was missing from the most recent progress note prior to this request. Therefore, the Tramadol is not medically necessary without documented proof of benefit and appropriate review.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids/Topical NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch)/Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: Terocin patches include lidocaine and menthol as its active ingredients. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there appeared to be evidence of neuropathic pain (cervical), there was no evidence found in the documents provided for review showing that the worker had tried and failed first-line therapies for this neuropathy. Also, there was no clear documented evidence showing functional benefit directly related to Terocin (if this is a renewal request). Therefore, the Terocin is not medically necessary.