

<b>Case Number:</b>	CM14-0115280		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/22/1993
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Practice 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:

55 yr. old male claimant sustained a work injury on 12/5/85 involving the knees and low back. He was diagnosed with lumbago and internal derangement of the knee. AN MRI of the right knee in April 2014 indicated the claimant had chondromalacia of the patella, anterior cruciate tear and arthritic changes. A progress note on 5/6/14 indicated the claimant had continued right knee pain with stiffness. There was tenderness at the knees and a positive straight leg raise. Previous exams had shown a McMurray's sign. He was recommended to receive pool therapy and use oral analgesics. On 6/25/14 the treating physician ordered Anaprox, Prilosec, Zofran, Tramadol, Norflex and Terocin patches. He had been on the above medications for at least 5 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs) Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Pain Summary (updated 5/15/14), antiemetics (for opioid nausea) Mosby's Drug Consult.

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

**Decision rationale:** According to the ODG guidelines, antiemetics (Zofran/Ondansetron) are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The claimant does not have cancer nor has he undergone recent surgery. The use of Ondansetron is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers Compensation), Pain Procedure Summary (updated 5/15/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-65.

**Decision rationale:** According to the MTUS guidelines, Orphenadrine is a muscle relaxant. This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. It is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Orphenadrine for several months. Indication and therapeutic response are not noted. The continued and prolonged use of Orphenadrine is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). According to the MTUS guidelines, they are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months. Indication and therapeutic response are not noted. The continued and prolonged use of Tramadol 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:** Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.