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| Case Number: | CM14-0120877 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 10/01/2007 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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 Occupational Medicine 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 42-year-old male with a 10/1/07 date of injury. According to a progress note dated 8/14/14, the patient complained of constant pain in the left shoulder rated as an 8/10. He also complained of bilateral knee pain associated with swelling and buckling, rated as a 5. Objective findings: tenderness in joint line of knee, crepitus with painful range of motion, tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins and impingement signs. Diagnostic impression: lumbosacral neuritis, cervicgia. Treatment to date: medication management, activity modification, physiotherapy. A UR decision dated 7/8/14 denied the requests for ondansetron, orphenadrine, and Terocin patch, and modified the request for tramadol ER from 90 tablets to 60 tablets for weaning purposes. Regarding ondansetron, there is no indication of nausea or vomiting complaints not related to opioid use. Regarding orphenadrine, the requested supply of 120 tablets suggests that this medication will be used for more than 3 weeks, which exceeds the guideline recommendations of "not more than 2-3 weeks use". Regarding Terocin patch, there are no symptoms suggestive of neuropathic pain noted upon examination. The report provided does not indicated failed trials of first-line recommendations of oral antidepressants and anticonvulsants. Regarding tramadol ER, there is no documentation of pain intensity and severity to warrant use of an opioid analgesic. In addition, there is no documentation of a urine drug test, pain contract, and attempts at weaning and tapering from current opioid analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Dissolvable Tablet #30 x2: 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), Treatment for Workers Compensation-Pain Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 present case, there is no documentation that this patient has complaints of nausea and vomiting. In addition, there is no documentation that this patient is undergoing cancer chemotherapy, radiation therapy, or surgery. Therefore, the request for Ondansetron Dissolvable Tablet #30 x2 is not medically necessary.

Orphenadrie Citrate ER 100 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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, in the present case, it is unclear how long this patient has been taking orphenadrine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, there are no subjective complaints or objective findings indicative of spasms in the medical records provided for review. Therefore, the request for Orphenadrine Citrate ER 100 mg #120 is not medically necessary.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates 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. Therefore, the request for Tramadol ER 150 mg #90 is not medically necessary.

Terocin Patch #30: 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 9792.24.2 Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: CA 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). 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 is no documentation that the patient is unable to take oral medications. Therefore, the request for Terocin patch #30 is not medically necessary.