MAXIMUS Federal Services

Case Number:	CM14-0134493		
Date Assigned:	08/27/2014	Date of Injury:	04/25/2012
Decision Date:	12/19/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 04/25/12. The sole report provided is dated 03/28/13 and states that the patient presents with persistent neck pain as well as lower back and bilateral shoulder pain. Upper extremity symptomology remains unchanged. The patient is retired. Examination of the cervical spine reveals tenderness at the paravertebral muscles along with pain with terminal motion. Axial loading and Spurling's maneuver are positive. Examination of the bilateral shoulders shows tenderness at the shoulder anteriorly with positive impingement and Hawkins sign while upper extremities examination shows there is positive palmar compression test subsequent to Phalen's maneuver, positive Tinel's and double crush syndrome has been established. Lumbar spine examination reveals tenderness at the lumbar paravertebral muscles and positive seated nerve root test. The patient's diagnoses include: 1. Cervical lumbar discopathy2. Bilateral shoulder impingement syndrome with partial rotator cuff tear3. Carpal tunnel/double crush syndromeDispensed medications are listed as: Naproxen, Omeprazole, Ondansetron, Cyclobenzaprine, Medrox Ointment and Tramadol. The utilization review being challenged is dated 07/25/14. One report was provided from 03/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxant for pain Page(s): 64,63.

Decision rationale: The patient presents with pain in the neck, lower back and bilateral shoulders along with a diagnosis of carpal tunnel/double crush syndrome. The treater requests for Cyclobenzaprine HCL 7.5mg #120. It is not known from the sole report provided how long the patient has been using this medication. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. "MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The 03/28/13 states that this medication was provided to the patient due to paravertebral muscle spasms noted in the lumbar and cervical spine, and the patient describes relief of these symptoms with the past use of the medication as well as sleep benefit. The report further states, "He is aware this should only be taken in short courses for acute spasms." Instructions for use state 1 tablet every 8 hours as needed not to exceed 3 per day. In this case, it appears the 40 days' supply requested exceeds the short-term use of 2-3 weeks recommended by MTUS. Therefore, recommendation is for denial.

Ondansetron ODT 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 (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient presents with pain in the neck, lower back and bilateral shoulders along with a diagnosis of carpal tunnel/double crush syndrome. The treater requests for Ondansetron ODT 8mg #60. It is not known from the sole report provided how long the patient has been taking this medication.ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT3 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 03/28/14 report states Ondansetron was dispensed for nausea, and the patient has complained of nausea associated with headaches and cervical spine pain. The report also states that the medication has "proved beneficial" by suppressing nausea. Guidelines state that acute use is approved for Gastroenteritis and the treater does state the patient has GI upset through the use of NSAID. However, the treater does not state use is for acute GI upset, and there is no evidence the patient has recently received chemotherapy, radiation therapy or is postoperative. Therefore, recommendation is for denial.

Tramadol HCL ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Medication for choinc pain Page(s): 76,77,88,89;60.

Decision rationale: The patient presents with pain in the neck, lower back and bilateral shoulders along with a diagnosis of carpal tunnel/double crush syndrome. The treater requests for Tramadol HCL ER 150mg #90. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trail should not be employed until the patient has failed a trail of non-opioid analgesics. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. "Only one treatment report from 03/28/13 is provided and it is not possible to determine whether the patient is using this opioid medication long term or short term. The 07/25/14 utilization review does not show additional reports that may help determine this. The report states the treater wishes "medications" to remain in effect for the next 60 days to allow for proper assessment of the patient's response and the medications have provided temporary symptomatic relief in the past. In this case, it appears that the patient used this medication prior to 03/28/13 for an unknown time. No pain scale is used to assess pain for this visit or to establish a baseline. The treater does state that the patient's medications have provided temporary relief allowing for continued function including performance of ADLs. The report also states pain is aggravated by pushing, pulling, sitting, standing, waling multiple blocks, lifting, pushing pulling and working above shoulder level. However, no specific ADL's are mentioned to show a significant change with use of this medication. If use is long-term, opiate management issues are not addressed and no urine toxicology reports are provided or discussed. There is no discussion of CURES. No outcome measures are provided as required. Furthermore, MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Recommendation is for denial.

Medrox ointment 120mg #2 (DOS 3-28-13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 29. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institues of Health, National Library of Medicine http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=39059

Decision rationale: The patient presents with pain in the neck, lower back and bilateral shoulders along with a diagnosis of carpal tunnel/double crush syndrome. The treater requests for Medrox ointment 120mg #2 (DOS 3-28-13). The reports indicate this request is for 'MEDROX" ointment. It is unknown how long the patient has been using this medication. MTUS p29 Capsaicin, topical states, "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. MTUS and ODG do not discuss Medrox. National Institue of Health, National Library of Medicine states this medication is 0375% Capsaicin, 20% Methyl Salicylate and 5% Menthol. (http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=39059). The 03/28/14 report states the medication is for relief of minor aches and muscle pain and the patient states the medication has provided significant relief especially in the evening allowing relaxation before sleep. In this case; however, the .0375% formulation is not recommended by MTUS as there is no indication it is more efficacious than the approved .025% formulation. Therefore, recommendation is for denial.