

Case Number:	CM14-0137360		
Date Assigned:	09/05/2014	Date of Injury:	02/01/2009
Decision Date:	12/19/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of February 1, 2009. A Utilization Review dated August 8, 2014 determined the request not medically necessary of Naproxen 550mg #100 DOS 1/28/13, Cyclobenzaprine 7.5mg #120 DOS 1/28/13, Ondansetron 8mg #30x2 DOS 1/28/13, Medrox 120gmx2 DOS 1/28/13, and Sumatriptan 25mg #9x2 DOS 1/28/13. A Re-Evaluation and Progress Report dated January 28, 2013 identifies Chief Complaints of continued symptomatology in the cervical spine with chronic headaches, tension between shoulder blades, and migraines. Symptoms in the patient's thoracolumbar spine are essentially unchanged. The patient notes compliance with the medications provided but complains of an upset stomach with the use of Naproxen. He explains he continues to utilize the Naproxen as it offers him temporary pain relief allowing him to perform his activities of daily living. Physical Examination identifies tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial load compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is dysesthesia at the C5 to C7 dermatomes, positive palmar compression test subsequent to Phalen's maneuver, positive Tinel's, some overlapping dermatomal-type symptomatology consistent with cervical radiculitis and thoracolumbar spine paravertebral muscle spasm. There is tenderness around the mid thoracic segments, extending into the thoracolumbar spine. Diagnoses identify cervical/lumbar discopathy, carpal tunnel/double crush syndrome, and electrodiagnostic evidence of severe bilateral carpal tunnel syndrome. Treatment Plan identifies prescribed Naproxen Sodium tablets 550 mg #100, Cyclobenzaprine Hydrochloride tablets 7.5 mg #120, Sumatriptan Succinate tablets 25 mg #9 x2, Ondansetron ODT tablets 8 mg #30 x2, and Medrox pain relief ointment 120 gm x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Ondansetron 8mg #30x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Workers Compensation (TWC) Pain Procedure, Opioid

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

Decision rationale: Regarding the request for Ondansetron (Zofran), the California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. The ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested Ondansetron (Zofran) is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non sedating Muscle relaxants,. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

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

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.

Medrox 120gmx2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state 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. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox is not medically necessary.

Sumatriptan 25mg #9x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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

Decision rationale: Regarding the request for Sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. The ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested Sumatriptan is not medically necessary.