

<b>Case Number:</b>	CM14-0157793		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work between the dates 2001 to 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; and various interventional procedures involving the spine. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for Terocin, denied a request for a topical compounded cream, denied Zofran, denied Prilosec, denied Naprosyn, and partially approved Norco and tramadol for weaning purposes. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported persistent complaints of back and leg pain. It was stated that a lumbar epidural steroid injection only provided temporary relief. The applicant was still unable to work; it was acknowledged and was still quite limited. The attending provider suggested that the applicant undergo a series of three epidural steroid injections involving the lumbar spine. The applicant was placed off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy. The applicant was described as exhibiting pain in the clinic setting while standing and walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appeared to be heightened on the sole office visit provided, referenced above. The applicant was described as having difficulty performing even basic activities of daily living such as standing and walking. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Tramadol 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened on the sole office visit provided, which contained no mention or discussion of medication efficacy. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. The admittedly limited information on file suggested that the applicant is having difficulty performing even basic activities of daily living such as standing and walking. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Naproxen 650mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7,.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low

back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. Ongoing usage of Naprosyn had seemingly failed to curtail the applicant's dependence on other forms of medical treatment, such as epidural steroid injection therapy, and opioid therapy. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Omeprazole 20mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress note provided made no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

**Ondansetron 4mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

**Decision rationale:** While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, while there is some history of the applicant's having had a cervical spine surgery, this appears to have transpired at some remote point in the past. The attending provider did not furnish the date of surgery. The attending provider did not state that the applicant was experiencing any symptoms of nausea or vomiting on the August 14, 2014 progress note, referenced above. Therefore, the request is not medically necessary.

**Terocin Pain Patch x 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are considered "largely experimental." In this case, there was no evidence of intolerance to and or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of largely experimental topical agents such as Terocin. Therefore, the request is not medically necessary.

**Enovarx-Ibuprofen Cream 10% x 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the EnovaRX-ibuprofen containing topical compounded cream. Therefore, the request is not medically necessary.