

<b>Case Number:</b>	CM14-0021724		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	01/10/1982
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 55-year-old male who has filed a claim for lumbago associated with an industrial injury date of January 10, 1982. Review of progress notes indicates low back pain; right hip pain with locking and catching; pain and swelling of the left ankle; and tingling, burning, and numbness of the feet going to the toes. Findings of the lumbar spine include tenderness over the mid to distal lumbar segments, pain upon terminal motion, positive seated nerve root test, and dysesthesia in the L5-S1 dermatome, more on the right. Findings of the right hip include tenderness at the anterolateral aspect, pain upon hip rotation, and positive Faber's test. Findings of the right knee include tenderness over the anterior joint line space, and positive patellar grind test. Findings of bilateral feet include tenderness over the plantar aspect, heels, extending to the metatarsal pads, consistent with plantar fasciitis. There are paresthesias distal to the tarsal tunnel bilaterally with bilateral Tinel's sign, and edema of the left medial ankle. Patient works full duty without limitations. Treatment to date has included topical analgesics, physical therapy, acupuncture, and left tarsal tunnel release. Utilization review from January 22, 2014 denied the requests for 60 tablets of Ondansetron ODT 8mg as the indications have not been met, 90 tablets of Tramadol Hydrochloride ER 150mg as a trial of non-opioid analgesics have not been completed, and 30 Terocin patches as it is only recommended after a trial of first-line therapy. There was modified certification for Cyclobenzaprine Hydrochloride 7.5mg for 63.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 TABLETS OF CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The submitted documentation does not indicate if the patient had been on this medication previously. In this case, there is no documentation of acute exacerbation of pain or of muscle spasms to necessitate the use of a muscle relaxant. Also, the patient is already on NSAID therapy, and additional benefit to be gained from use of Cyclobenzaprine is not clear. Therefore, the request for 120 tablets of Cyclobenzaprine Hydrochloride 7.5mg was not medically necessary.

**60 TABLETS OF ONDANSETRON ODT 8MG:** 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) Pain (Chronic).

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, there is no documentation of nausea or vomiting in this patient. The patient is also not post chemotherapy, radiation, or surgery. Therefore, the request for 60 tablets of Ondansetron ODT 8mg was not medically necessary.

**90 TABLETS OF TRAMADOL HYDROCHLORIDE ER 150MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use Page(s): 76-82.

**Decision rationale:** According to pages 76-78 of Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made,

likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. As noted on page 78-82 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation does not indicate if the patient had been on this medication previously. However, there is also no documentation of failure of non-opioid analgesic medications to support this request. Therefore, the request for 90 tablets of Tramadol Hydrochloride ER 150mg was not medically necessary.

### **30 TEROGIN PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) pages 56-57; Topical Analgesics, Lidocaine Page(s): 56-57; 112.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to the Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may, in rare instances, cause serious burns. In this case, there is no documentation regarding a trial of first-line medications for neuropathic pain. Therefore, the request for 30 terocin patches is not medically necessary.