

Case Number:	CM14-0024520		
Date Assigned:	06/11/2014	Date of Injury:	01/31/2008
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 and is licensed to practice in California and Washington. 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 injured worker is a 75-year-old female who reported an injury on 01/31/2008. The mechanism of injury was noted to be work related continuous trauma. Prior treatments were noted to be physical therapy and use of a back brace. Her diagnoses were noted to be status post L3-S1 bilateral transforaminal lumbar interbody fusion; status post left shoulder surgery; bilateral shoulder impingement syndrome, left greater than right with rotator cuff pathology; status post cervical spine surgery; bilateral carpal tunnel syndrome; and double crush syndrome. The injured worker had a clinical exam on 01/24/2013. The injured worker's chief complaints were noted to be low back pain with right leg pain. The physical examination of the lumbar spine indicated a well healed midline scar. There was tenderness over the lumbar paravertebral muscles. There was pain with terminal motion and residual right leg symptomatology. The treatment plan included pharmacological symptomatic relief. The provider's rationale for the request was provided within the documentation. A Request for Authorization for medical treatment was provided for 2 of the 3 requests and dated 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MGX2: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend Antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short term duration (less than 4 weeks) and have limited application to long term use. The FDA has approved Ondansetron for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and for gastroenteritis. The injured worker does not meet the criteria for use of Antiemetics according to the Official Disability Guidelines. The injured worker does not have gastroenteritis nor is she in the postoperative phase. The injured worker is not receiving chemotherapy or radiation. In addition, the request for Ondansetron fails to provide a frequency. Therefore, the request for Ondansetron ODT 8 mg is not medically necessary.

CYCLOPENZAPRINE HYDROCHLORIDE 7.5MG ONE(1) EVERY EIGHT HOURS #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 Muscle relaxants (for pain), page(s) 63-64 Page(s): 63-64.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. The request fails to provide duration of therapy. It is not noted if the injured worker has had efficacy with use of cyclobenzaprine. Therefore, the request for Cyclobenzaprine Hydrochlorothiazide 7.5 mg is not medically necessary.

TRAMADOL ER 150MG ONE(1) EVERY DAY #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any

potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's evaluation on 01/24/2014 fails to provide an adequate pain assessment. It is not noted if the injured worker has had efficacy with use. The documentation fails to provide any side effects. It is not noted when the last urine drug screen was obtained. Therefore, the request for Tramadol ER 150 mg is not medically necessary.

MEDROX PAIN RELIEF OINTMENT 120MGX2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (drug or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Medrox ointment contains methyl salicylate, menthol, and capsaicin. The percentage of capsaicin in Medrox ointment is 0.0375%. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation for osteoarthritis and a 0.075 formulation primarily for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain. There have been no studies of a 0.0375 % formulation of capsaicin and there is no current indication that this increase over 0.025% would provide any further efficacy. It was not indicated in the clinical evaluation that the injured worker has failed trials of antidepressants or anticonvulsants. The Medrox ointment contains a drug that is not recommended by the guidelines, therefore, the ointment is not recommended. In addition, the request for Medrox pain relief ointment does not provide a frequency or an application site. As such, the request for Medrox pain relief ointment 120 mg is not medically necessary.