

Case Number:	CM14-0026602		
Date Assigned:	03/05/2014	Date of Injury:	07/07/1986
Decision Date:	04/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 patient with a date of injury of 7/7/86. The 11/11/13 medical report identifies continued symptomatology in the lumbar spine. On exam, there is tenderness and restricted range of motion. There is a radicular pain pattern in the lower extremities, the left side more pronounced than on the right, in the S1 root. Surgery and physical therapy were recommended. On 12/5/13 the provided recommended prescriptions for: naproxen, cyclobenzaprine, ondansetron, omeprazole, tramadol ER, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding the request for Terocin patches, the California MTUS Guidelines state that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized

peripheral pain with evidence of failure of first-line therapy. Therefore, the requested Terocin patches are not medically necessary

NAPROXEN 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for naproxen, the California MTUS Guidelines state that nonsteroidal anti-inflammatory drugs (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.

CYCLOPENZAPRINE 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 Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, the 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. 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. Therefore, the requested cyclobenzaprine is not medically necessary.

ONDANSETRON 8MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

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

Decision rationale: Regarding the request for ondansetron, the California MTUS Guidelines do not address this medication. The Official Disability Guidelines state that Ondansetron is FDA-

approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative nausea, and gastroenteritis. Within the documentation available for review, there is no documentation of any nausea and/or vomiting secondary to a supported indication as noted above. In the absence of such documentation, the currently requested ondansetron is not medically necessary.

TRAMADOL 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 Page(s): 76-79.

Decision rationale: Regarding the request for tramadol ER, the California MTUS Guidelines state that due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The Guidelines recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, the requested tramadol ER is not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, the California MTUS Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.