

Case Number:	CM14-0028153		
Date Assigned:	06/13/2014	Date of Injury:	10/10/2012
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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 64-year-old female with a date of injury on 10/10/2012. Her diagnoses include cervical discopathy with radiculitis, bilateral shoulder impingement syndrome, and carpal tunnel syndrome. Subjective complaints are of continued right shoulder pain. Pain in the cervical spine, left shoulder, and wrists have not had significant change. The physical exam shows tenderness over the cervical musculature with spasm, positive Spurling's test, and painful, decreased cervical range of motion, and dysesthesia at the C5-7 dermatome. The shoulder exam reveals tenderness with positive impingement signs bilaterally. Medications include Naproxen, Cyclobenzaprine every 8 hours, Ondansetron for nausea, Omeprazole twice a day, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG TAB #120,: 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 Page(s): 41-42.

Decision rationale: California MTUS guidelines indicate that Cyclobenzaprine should be used as a short-term therapy, and the effects of treatment are modest and may cause adverse effects. This patient has been using a muscle relaxer chronically, which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain reduction, and the patient was already taking an NSAID. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines recommending Cyclobenzaprine as short term therapy only and no clear benefit from adding this medication, the requested prescription for Cyclobenzaprine is found not medically necessary.

ONDANSETRON ODT 8MG TAB #60,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/07/2014, Ondansetron (Zofran) and Antiemetics for opioid nausea; Mosby's Drug Consult.

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.

Decision rationale: The medical records indicate that the patient was under treatment for chronic neck and shoulder pain. Evidence of nausea appears to be only associated with the use of medications. Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy, with no specific recommendation for nausea from medication use. Ondansetron, as per ODG guidelines, is also not recommended for nausea secondary to opioid therapy. Since Ondansetron is not recommended for nausea secondary to medication use, the requested prescription for Ondansetron is not medically necessary.

OMEPRAZOLE DR 20MG CAP #120,: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at intermediate-to-high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age > 65, history of peptic ulcer, GI bleeding or perforation, use of ASA (acetylsalicylic acid), corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using Omeprazole for GI prophylaxis. Therefore, the use of Omeprazole is consistent with guideline recommendations and is medically necessary.

TEROCIN PATCHES #30: 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, and Lidoderm Page(s): 111-113; 56.

Decision rationale: Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. CA Chronic Pain Guidelines are clear that, if the medication contains one drug that is not recommended, the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia, and non-specific back pain, it has shown moderate-to-poor efficacy. Topical salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area to which it is to be applied. Because Terocin is not in compliance with current use guidelines, the requested prescription is not medically necessary.