

Case Number:	CM14-0029007		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2008
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 47-year-old female who reported an injury on 10/29/2008. The mechanism of injury was a motor vehicle accident. Documented on a clinical note dated 01/13/2014, the injured worker complained of cervical spine pain with chronic headaches, tension between shoulder blades and migraines. The injured worker also complained of chronic low back pain aching throughout the spine and right shoulder. There was a loss of normal lordosis and asymmetric range of motion secondary to pain. Examination of the right shoulder revealed tenderness in and around the right shoulder, including the anterior glenohumeral region and subacromial space. There was extension of symptomatology in and around the trapezius and deltoid region. Examination of the lumbar spine noted motion was somewhat guarded and asymmetric however he was essentially within normal limits. Diagnostic studies included x-rays of the cervical and lumbar spine performed on 01/13/2014. The injured worker's diagnoses included cervical discopathy, right shoulder impingement, rule out rotator cuff pathology and lumbar discopathy. Previous treatments include physical therapy, a home exercise program, intramuscular injections, chiropractic treatment and use of transcutaneous electrical nerve stimulation (TENS) unit. The request for authorization form dated 02/14/2014 was included within the documentation submitted for review. The provider recommended Cyclobenzaprine Hydrochloride tablets 7.5 mg for palpable muscle spasms. Sumatriptan Succinate tablets 25 mg for migraine headaches that were associated with chronic cervical spine pain. Ondansetron ODT tablets 8 mg for nausea secondary to Cyclobenzaprine and other analgesic agents. Tramadol Hydrochloride ER 450 mg for acute and severe pain and Terocin patches for mild to moderate acute or chronic aches or pain. Omeprazole delayed release capsules 28 mg was noted for gastrointestinal (GI) symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5mg, #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 Page(s): 63-64.

Decision rationale: The injured worker has a history of chronic cervical and low back pain. The California MTUS 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 (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The guidelines note Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation provided noted that Cyclobenzaprine Hydrochloride was recommended for palpable muscle spasms noted during examination however there was a lack of documentation to indicate that the injured worker has significant muscle spasms upon examination. There was also a lack of documentation to indicate the length of time the injured worker has been prescribed this medication and documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the requested treatment did not provide a frequency for which the medication was to be used. As such, the request for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 is not medically necessary.

Sumatriptan Succinate tablets 25mg, #9 with 2 refills: 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-TWC), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Migraine Pharmaceutical Treatment.

Decision rationale: The Official Disability Guidelines indicate triptans are for migraine sufferers and that at marketed dose, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. The injured worker has a history of cervical spine pain with chronic headaches, tension between shoulder blades, and migraines. There was a lack of documentation to indicate the severity and frequency of the injured worker's headaches. There also was a lack of documentation indicating the efficacy of the medication. The request for 2 refills would not be an indicated assessment of the efficacy of a medication recommended prior to providing additional medication. Additionally, the requested treatment did not provide a frequency to which the medication was to be taken. As such, the request for Sumatriptan Succinate tablets 25 mg #9 with 2 refills is not medically necessary.

Ondansetron ODT tablets 8mg, #30 times two (2), qty: 60.00: 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 Chapter.

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 injured worker has a history of chronic neck and back pain. The Official Disability Guidelines (ODG) do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. The guidelines indicate that nausea and vomiting are common with the use of opioids and 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 four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. The guidelines further indicate that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The FDA also approved this medication for postoperative and acute use for gastroenteritis. The provider recommended Ondansetron ODT tablets 8 mg for nausea secondary to Cyclobenzaprine and other analgesic agents. Within the documentation provided, it was noted the injured worker was prescribed Tramadol. There was a lack of documentation to indicate the injured worker experienced adverse side effect of prolonged nausea and vomiting secondary to medication use. There was also a lack of documentation to indicate the injured worker complained of gastrointestinal symptoms. The efficacy of the medication was not demonstrated within the provided documentation. As the guidelines do not recommend the use of Ondansetron secondary to chronic medication use, the medication would not be indicated. Additionally, the requested medication did not provide the frequency which the medication was to be taken. Ondansetron ODT tablets 8 mg #30 x2, quantity 60 is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: The California MTUS Guidelines note prescriptions should be from a single practitioner and taken as directed and all prescriptions should be from a single pharmacy. The guidelines recommend ongoing review and documentation of 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. Additionally, the guidelines recommend the use of drug screening or inpatient treatment with issues of abuse,

addiction, or poor pain control. There was a lack of documentation to indicate a complete pain assessment was completed as part of an on-going management of opioid use and a lack of documentation to indicate the medication provided symptomatic relief and improved functional capacity. There was also a lack of documentation to indicate random urine drug screens were performed to ensure compliance with the medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for Tramadol Hydrochloride ER 150 mg #90 is not medically necessary.

Terocin Patch #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 Page(s): 111-112.

Decision rationale: The injured worker has a history of chronic neck and back pain. Terocin patches are comprised of Lidocaine and menthol. The California MTUS guidelines indicate any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation to indicate a trial of antidepressants and anticonvulsants failed to provide symptomatic relief. Given that the guidelines do not recommend Lidocaine for topical application, except for in the form of Lidoderm, this medication would not be indicated. Additionally, the requested treatment did not provide a frequency to be used or the site to be applied to therefore, the request Terocin patch #30 is not medically necessary.

Omeprazole delayed release capsules 20mg, #120: Upheld

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 Page(s): 68.

Decision rationale: The injured worker has a history of chronic neck and back pain. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI

bleeding or perforation, with concurrent use of ASA, corticosteroids, an anticoagulant and high dose/multiple non-steroidal anti-inflammatory drug (NSAID) . There was a lack of documentation to indicate that the injured worker's medication regimen includes NSAIDS and that the injured worker is at an risk for gastrointestinal (GI) events. The injured worker does not have a history of gastrointestinal bleed, peptic ulcer, or perforation. The efficacy of the medication is not demonstrated within the documentation as evidenced by improvement in gastrointestinal symptoms. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication therefore, the request Omeprazole delayed release capsules 20 mg #120 is not medically necessary.