

Case Number:	CM14-0030344		
Date Assigned:	03/21/2014	Date of Injury:	05/10/2012
Decision Date:	04/24/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/11/2014

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 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:

The patient is a 55-year-old female who reported an injury on 05/10/2012. The mechanism of injury was cumulative trauma. The patient's medication history included naproxen, omeprazole, cyclobenzaprine, and ondansetron as of 2012 and triptans as of 03/2013. The documentation of 12/05/2013 revealed the patient's diagnoses were pain in the elbow and pain in the wrist. The request was made for naproxen sodium, cyclobenzaprine, sumatriptan, ondansetron, omeprazole, tramadol, Terocin patches, Cooleeze, and gabapentin/capsaicin/glycerin topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than one

year. There was a lack of documentation of the objective functional improvement and an objective decrease in the VAS score. The request as submitted failed to indicate the strength and the quantity of medication being requested. Given the above, the request for NAPROXEN SODIUM is not medically necessary.

OMEPRAZOLE DELAYED RELEASE: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than one year. There was a lack of documentation of the objective functional improvement and an objective decrease in the VAS score. The request as submitted failed to indicate the strength and the quantity of medication being requested. Given the above, the request for NAPROXEN SODIUM is not medically necessary.

CYCLOBENZAPRINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than one year. There was a lack of documentation of the objective functional improvement and an objective decrease in the VAS score. The request as submitted failed to indicate the strength and the quantity of medication being requested. Given the above, the request for NAPROXEN SODIUM is not medically necessary.

TEROCIN PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Capsaicin Page(s): 105, 111, 28 AND 112.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidoderm brand is the only commercially approved topical formulation of lidocaine that is indicated for neuropathic pain. Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide documentation of neuropathic pain and failed to indicate the patient had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation indicating the patient was not responsive or was intolerant to other treatments. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to provide a strength as well as a quantity of medication being requested. Given the above, the request for Terocin patches is not medically necessary

ONDANSETRON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the National Library of Medicine.

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, Ondansetron.

Decision rationale: Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation including the objective functional benefit. The documentation indicated the patient was prescribed the medication for nausea associated with headaches that were present with the chronic cervical spine pain. There was a lack of documentation of objective functional benefit and the efficacy of the requested medication. The request as submitted failed to indicate the quantity as well as the strength of the medication being requested. Given the above, the request for ondansetron is not medically necessary.

SUMATRIPTAN SUCCINATE: 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 ODG, Head Chapter, Triptans.

Decision rationale: Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated the patient had a migraine type

headache that was associated with the chronic cervical spine pain. The patient was noted to be taking the medication since 03/2013. There was a lack of documentation of the efficacy of the medication. The request as submitted failed to indicate the quantity and strength of medication being requested. Given the above, the request for sumatriptan succinate is not medically necessary.

HYALURONIC ACID/ MENTHOL/ CAMPHOR/ CAPSACIN (COOLEEZE): 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, Capsaicin Page(s): 111 AND 28.

Decision rationale: The California MTUS indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. They further state that strengths greater than .025% are not more efficacious. Hyaluronic acid is a natural substance found in all living organisms and provides volume and fullness to the skin. The duration of this medication could not be established. There was a lack of documented rationale for two compounded products with Capsaicin. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Hyaluronic Acid/ Menthol/ Camphor/ Capsaicin (Cooleeze) is not medically necessary.

GABAPENTIN/ CAPSAICIN/ GLYCERIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113,28, 111.

Decision rationale: The California MTUS indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and failed to indicate that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation of the patient being unresponsive or intolerant to other treatments. There is a lack of documentation indicating a necessity for 2 medications with capsaicin. The request as submitted failed to indicate the

quantity of medication being requested as well as the strength of the medication. Given the above, the request for Gabapentin/ Capsaicin/ Glycerin is not medically necessary.