

Case Number:	CM14-0030647		
Date Assigned:	06/20/2014	Date of Injury:	11/12/2012
Decision Date:	09/05/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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:

Patient is a 45 year old male with a date of injury on 1/12/2012. Diagnoses include patellar chondromalacia, wrist tendonitis, lumbar myofascial strain, and ankle tendonitis. Subjective complaints are of low back pain, knee pain with instability, ankle pain, and wrist pain. Physical exam reveals low back tenderness, decreased range of motion, and positive seated nerve root test. The left and right knees have tenderness, and positive patellar grind. The ankles have lateral tenderness and pain with range of motion. X-ray exam of the knees was normal. Lumbar x-ray shows disc space collapse at L4-5. Medications include Naproxen, Ondansetron, Imitrex, omeprazole, cyclobenzaprine, hydrocodone/acetaminophen, tramadol, Quazepam, Methoderm gel, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Cooleeze (menth/campcap/hyalor acid 3.5%0.5% .006% G QTY #120): 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): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. 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 for it to be applied. Due to Med Cooleeze not being in compliance to current use guidelines the requested prescription is not medically necessary.

Gabapentin 10% in Capsaicin solution liq QTY 120: 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): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical Gabapentin as no peer-reviewed literature support their use. Therefore, the request for topical Gabapentin is not consistent with guideline recommendations, and is not medically necessary.

Naproxen 550 #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the low back, which is helped by Naproxen on an as needed basis. Therefore, the requested Naproxen is medically necessary.

Cyclobenzaprine 7.5mg: 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: CA MTUS guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxants in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for Cyclobenzaprine is not medically necessary.

Ondansetron 8mg #30 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 Pain Chapter, Antiemetics.

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 Other Medical Treatment Guideline or Medical Evidence: FDA information: ONDANSETRON www.drugs.com.

Decision rationale: The medical records indicate that the patient was under treatment for chronic pain, and also for migraine headaches. Records indicate that the nausea is from headaches from chronic cervical pain. Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy, with no specific recommendation for nausea associated with migraine headaches. Ondansetron, as per ODG guidelines is also not recommended for nausea secondary to opioid therapy. Since Ondansetron is not recommended for nausea secondary to opioid use or migraines, the requested prescription for Ondansetron is not medically necessary.

Terocin Pactch #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): 111-113.

Decision rationale: Terocin is a compounded medication that includes Methyl Salicylate, Menthol, Lidocaine, and Capsaicin. California 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 for it to be applied. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.