

Case Number:	CM14-0030663		
Date Assigned:	07/23/2014	Date of Injury:	09/07/2010
Decision Date:	09/09/2014	UR Denial Date:	02/12/2014
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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of September 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; muscle relaxants; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions through an agreed medical evaluation. The applicant does not appear to have returned to work with permanent limitations in place. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for Naprosyn, Flexeril, Zofran, Prilosec, and Tramadol. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 31, 2014, the applicant presented with constant low back pain. Eight sessions of physical therapy and a lumbar epidural steroid injection were endorsed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. The attending provider did not incorporate the applicant's medication list into the progress note nor was there any discussion on medication efficacy. In a February 26, 2014 progress note, the applicant again presented with multifocal neck, low back, bilateral shoulder, and bilateral wrist pain. MRI imaging of the cervical spine, electrodiagnostic testing of the bilateral upper extremities, and electrodiagnostic testing of the bilateral lower extremities were sought. Unspecified medications were renewed. The applicant was described as permanent and stationary. The attending provider, once again, did not incorporate any discussion of medication efficacy into the progress note, nor did he state precisely which medications were being refilled. In a medical-legal evaluation dated February 13, 2013, the applicant was described as using Naprosyn, Excedrin, an unspecified muscle relaxant, an unspecified prophylactic medication for migraines, and other unspecified pain medications,

including a prescription topical analgesic. The applicant was described as having reached maximum medical improvement. Permanent work restrictions were imposed. The applicant was given a 26% whole person impairment rating. It was stated that the applicant was a qualified injured worker, that the applicant was not working, and that the applicant was a candidate for vocational rehabilitation. Again, there was no discussion of medication efficacy in this note, either. In a February 3, 2014 primary treating provider note, the applicant again presented with multifocal neck and low back pain. The attending provider stated that he was refilling unspecified medications under separate cover. There was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Naproxen Sodium Tablets 550 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 8, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant continues to report ongoing complaints of neck and low back pain. The attending provider stated on several occasions that the applicant has failed conservative management. The attending provider has not incorporated any discussion of medication efficacy into any of the provided progress notes. The attending provider has not, furthermore, specifically incorporated the applicant's medication list into any of the cited progress notes. There is, in short, no clear mention or demonstration of medication efficacy so as to justify ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Prescription of Cyclobenzaprine Hydrochloride 7.5mg, #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 topic Page(s): 41.

Decision rationale: As noted on page 41, of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of agents, both oral and topical. Adding

cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Prescription of Ondansetron ODT 8mg #60: 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), Pain Procedure Summary, Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. In this case, the Food and Drug Administration (FDA) notes that ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. There is no evidence that the applicant has undergone any recent cancer chemotherapy, radiation therapy, and/or surgery. It is further noted that the attending provider has not recounted ongoing symptoms of nausea and/or vomiting which would support even temporary usage of ondansetron. The attending provider has not furnished any applicant-specific rationale or medical evidence which would counter the unfavorable FDA position on provision of ondansetron in the absence of cancer chemotherapy, radiation therapy, and/or surgery. Therefore, the request is not medically necessary.

Prescription of Omeprazole Delayed- Release 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, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of omeprazole, a proton pump inhibitor, to combat NSAID-induced dyspepsia, in this case, however, the progress note provided made no mention of any symptoms of reflux, heartburn, and/or dyspepsia for which usage of omeprazole would be indicated. Therefore, the request is not medically necessary.

Prescription of Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant does not appear to be working with permanent limitations in place. The attending provider has not made any mention of any reductions in pain or improvements in function achieved as a result of ongoing tramadol usage in any of the cited progress notes. Therefore, the request is not medically necessary.

Prescription of Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical analgesics such as Terocin. No rationale for selection and/or ongoing usage of Terocin was proffered in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.