

Case Number:	CM14-0032418		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2012
Decision Date:	10/01/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 injured worker is a 49-year-old female who reported an injury on 12/28/2012 due to cumulative trauma. On 05/06/2014, the injured worker presented with reflux symptoms. Diagnoses were hypertension and gastroesophageal reflux disease. Upon examination, the injured worker was 170 pounds with a blood pressure of 138/70. Physical examination was within normal limits. On 04/08/2014, an echocardiogram performed revealed biatrial enlargement and right ventricle enlargement. A current medication list was not provided. The provider recommended cyclobenzaprine, Ondansetron, tramadol, and Terocin patch. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommends cyclobenzaprine as an option for a short course of therapy. The greatest effect of the medication is in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for cyclobenzaprine 7.5 mg #120 exceeded guidelines recommendation of short term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of this medication. The provider's rationale for the request was not documented. Additionally, the provider did not indicate the frequency of the medication in the request as submitted. As such, Cyclobenzaprine HCL 7.5mg #120 is not medically necessary and appropriate.

Ondansetron 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult., Zofran/Ondansetron

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

Decision rationale: The request for Ondansetron 8 mg #60 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects include nausea and vomiting is limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the Guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guidelines recommendation. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, Ondansetron 8mg #60 is not medically necessary and appropriate.

Tramadol HCL ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78..

Decision rationale: The request for tramadol HCL ER 150 mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of prior use

of the medication has not been provided. The provider does not state the frequency of the medication in the request as submitted. As such, Tramadol HCL ER 150mg #90 is not medically necessary and appropriate.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents(NSAIDS).

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

Decision rationale: The request for Terocin patch #30 is not medically necessary. Terocin is comprised of menthol salicylate, capsaicin, menthol, and lidocaine. California MTUS Guidelines state topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The Guidelines state that capsaicin is recommended only as an option for injured workers who are not responding to or are intolerant of their treatments. The Guidelines state that Lidoderm is the only topical form of lidocaine approved. The included medical documentation does not indicate the injured worker is unresponsive or intolerant to other treatments. The Guidelines do not recommend topical lidocaine in any other form than Lidoderm. The included medical documentation lack evidence of a failed trial of antidepressive or anticonvulsive. Additionally, the provider does not indicate the dose, frequency, or site that the Terocin Patch is indicated for in the request as submitted. As such, Terocin Patch #30 is not medically necessary and appropriate.