

<b>Case Number:</b>	CM14-0032537		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Emergency 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 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 has a reported date of injury of 2/29/2012. The mechanism of injury is described as shoulder and hand injury while training with shotgun. The patient has a diagnosis of Cervicalgia, chronic headaches, depression and cervical disc disorder. The patient is post right shoulder arthroscopic rotator cuff repair on 6/28/13. Last report from requesting provider was reviewed until 3/18/14 to review response of provider to UR denial. Only documentation is "constant neck pain with radicular symptoms". Objective exam only documents, "tender at cervical spine, trapezius, with spasms. Positive Spurling's. Positive Cervical spine hyperextension test. Decreased range of motion. Decreased sensory at C6 and C7." Last complete assessment is dated 4/8/14. This chart was reviewed for historical information concerning the injury. The patient complains of neck pain and headaches. Also complains of muscle spasms and nausea. Headaches cause blurred vision and nausea. Right shoulder has no pain but has weakness. MRI of cervical spine was reportedly done in 2013 that revealed degenerative changes with disc desiccation. No electrodiagnostic reports or advance imaging reports were provided for review. The patient has reportedly completed physical therapy. The patient is apparently getting tereador shots. No medication list was provided for review. Prior URs list all the medications requested currently being reviewed. The patient appears to be on these medications chronically. Independent Medical Review is for Naproxen 500mg #100, Sumatriptan 25mg #9 x2 (18 total), Ondansetron ODT 8mg #30 x2 (60 total), Omeprazole 20mg #120, Tramadol ER 150mg #90, Terocin patch #10 and Cyclobenzaprine 7.5mg #120. Prior UR on 2/24/14 recommended non-certification. Prior UR on 10/31/14 also reviewed similar prescription and recommended conditional certification with requirement for more documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium tablets 500mg, #100: Upheld**

**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.

**Decision rationale:** Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation by the provider about why naproxen is being prescribed chronically and there is no documented improvement. Naproxen is not medically necessary.

**Sumatriptan Succinate Tablets 25mg, #9x2 for a total quantity of 18: 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), Head Chapter, Procedure Summary (last updated 11/8/13), 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, Triptans

**Decision rationale:** Sumatriptan is a Triptan. MTUS Chronic pain and ACOEM does not adequately deal with this topic. As per Official Disability Guidelines (ODG) Triptans are recommended for migraines. Provider has not documented a diagnosis of migraines. The provider documented that patient has cervical headaches. The use a triptan for cervical headache is not appropriate and is not medically necessary.

**Ondansetron ODT Tablets 8mg, #30x2 for a total quantity of 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), Pain Chapter, Procedure Summary (last updated 1/7/14), 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 (Chronic), Antiemetics (for opioid nausea)

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guidelines (ODG), antiemetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation provided by treating physicians about nausea relates it to headaches. There is no documentation of improvement with

medication and the number of tablets prescribed does not meet criteria for short term use. Ondansetron 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 and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** There is no documentation provided as to why Prilosec was requested. Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. NSAID is not indicated in this patient (see review of Naproxen) and therefore a PPI is not indicated as well. Prilosec is not recommended.

**Tramadol Hydrochloride ER 150mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement despite patient already being on tramadol, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

**Terocin Patch # 10: 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:** The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not

recommended is not recommended." Terocin contains Capsaicin, Lidocaine, Methyl Salicylate and Menthol.1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has reportedly decreased pain and reduced medication use. It is not recommended due to any documentation of prior treatment failure.2) Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended.3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically. Not recommended.4) Menthol: There is no data on Menthol in the MTUS. Since all components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not considered medically necessary.

**Cyclobenzaprine Hydrochloride tablets 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 (Flexeril) Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. There is no documentation by the provider about objective improvement in muscle spasms or proper monitoring of side effects. The number of tablet is does not meet MTUS recommendation for short term use. Cyclobenzaprine is not medically necessary.