

<b>Case Number:</b>	CM14-0033906		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 05/16/2011. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar strain, left knee meniscal tear, status post arthroscopy, and right knee strain rule out meniscal tear. Previous treatments included medications, surgery, injections, and chiropractic sessions. Diagnostic testing included an MRA. Within the clinical note dated 02/05/2014, it was reported the injured worker complained of constant back pain which tingled down the leg into the toes. Upon the physical examination, the provider noted the injured worker had 9/10 pain in severity in the low back radiating to the left leg into toes with numbness. The request submitted is for Cyclobenzaprine Hydrochloride, Ondansetron, Tramadol Hydrochloride, and Terocin Patch. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 08/2013 which exceeds the Guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

**Ondansetron ODT 8 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines-TWC.

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

**Decision rationale:** The request for ondansetron ODT 8 mg #60 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there was a lack of subjective and objective findings indicating the injured worker has nausea and vomiting secondary to chronic opioid use. Therefore, the request is not medically necessary.

**Tramadol hydrochloride ER 150 mg #90:** 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 Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for tramadol hydrochloride ER 150 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 08/2013. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**Terocin Patch #30: 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 Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Terocin patch #30 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete physical examination. The injured worker has been utilizing the medication since at least 08/2013 which exceeds the Guidelines recommendation of short term use of 4 to 12 weeks. Additionally, the request submitted failed to provide the frequency and quantity. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.