

Case Number:	CM14-0034669		
Date Assigned:	07/23/2014	Date of Injury:	10/13/2011
Decision Date:	09/08/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 Management 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:

This is a male patient with a date of injury of October 13, 2011. A utilization review determination dated February 20, 2014 recommends denial of naproxen sodium 550 mg #120, cyclobenzaprine 7.5 mg #120, ondestaron ODT 8 mg #6, Omeprazole DR 20 mg #120, tramadol ER 150 mg #90, and Terocin patch #30. A progress note dated February 19, 2014 identifies subjective complaints of persistent neck pain that is aggravated with repetitive motions and with prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The patient also reports burning sensation and nausea. The patient reports low back pain that is aggravated with bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. The patient reports left greater than right wrist pain. Physical examination of the cervical spine identifies paravertebral muscle spasm, positive axial loading compression test, and generalized weakness and numbness. Physical examination of the upper extremities reveals positive Tinel's sign of the elbows, positive Tinel's and Phalen's sign of the wrists left greater than right, tenderness at the left wrist dorsal and medial aspect, pain with terminal flexion of the wrist. Physical examination of the lumbar spine identifies pain and tenderness in the mid-to distal lumbar segments, standing flexion and extension are guarded and restricted, and there is dysesthesia in the lower extremities. The diagnoses include cervical/lumbar discopathy and carpal/cubital tunnel/double crush syndrome. The treatment plan recommended that the patient receive, on the day of the visit, an intramuscular injection of 2 mL of Toradol mixed with 1mL of Marcaine as well as an intramuscular injection of vitamin B12 complex, and an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 50mg Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen 550mg #120, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen 550mg #120 is not medically necessary and appropriate.

Cyclobenzaprine HCL 7.5 mg Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine 7.5 mg #120, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine 7.5 mg #120 is not medically necessary and appropriate.

Ondansetron ODT 8mg Quantity 6: 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.

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

Decision rationale: Regarding the request for Ondansetron ODT 8mg #6, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of the diagnoses/medical circumstances mentioned by the guidelines. Additionally, there is subjective documentation of non-specific nausea. In the absence of clarity regarding these issues, the currently requested ondansetron ODT 8mg #6 is not medically necessary and appropriate.

Omeprazole DR 20mg Quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole DR 20mg #120, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Additionally, the NSAIDs currently prescribed have not met the medical necessity criteria for ongoing use. In light of the above issues, the currently requested Omeprazole DR 20mg #120 is not medically necessary and appropriate.

Tramadol HCL ER 150 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 66-67, Chronic Pain Treatment Guidelines Opioids- Opioids, Low Back Pain (LBP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79.

Decision rationale: Regarding the request for tramadol ER 150mg #90, California Pain Medical Treatment Guidelines state that Tramadol is a synthetic opioid pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the tramadol is improving the patient's function (in terms of specific objective functional

improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol ER 150mg #90 is not medically necessary and appropriate.

Terocin Patch Quantity 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for Terocin Patch #30, Terocin is a combination of Methyl Salicylate, Menthol, Lidocaine and Capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of Topical Lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin Patch #30 is not medically necessary and appropriate..