

Case Number:	CM14-0035253		
Date Assigned:	06/23/2014	Date of Injury:	01/04/2006
Decision Date:	12/12/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and neck pain reportedly associated with an industrial injury of January 4, 2006. In a Utilization Review Report dated March 4, 2014, the claims administrator denied a request for cyclobenzaprine, ondansetron, Prilosec, tramadol, and Terocin. The claims administrator suggested that it was basing its decision on a February 18, 2014 progress note and associated Request for Authorization (RFA) form dated February 17, 2014. The Utilization Review Report was approximately 20 pages long and extremely difficult to follow. The applicant's attorney subsequently appealed. In a February 18, 2014 prescription form/request for authorization form, the attending provider ordered prescription for cyclobenzaprine, ondansetron, omeprazole, tramadol, and Terocin through usage of preprinted checkboxes. No applicant-specific commentary or rationale was attached to the same. The applicant's work and functional status and/or response to earlier medication usage was not clearly outlined. In a progress note dated February 12, 2013, the applicant reported issues with morbid obesity, diabetes, hypertension, and fatty liver. The applicant was given prescriptions for Benicar, metformin, glipizide, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Muscle Relaxants (for p. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary last updated 01/07/2014; Low Back Chapter

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

Decision rationale: 1. No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is "not recommended." Here, the applicant is, in fact, using a variety of other analgesic and topical medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request was not medically necessary.

Ondansetron ODT 8mg #30 x2 (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) ODG-TWC Pain Procedure Summary last updated 01/07/2014; Antiemetics (for opioid nausea)

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

Decision rationale: 2. Similarly, the request for ondansetron was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS do 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 labeled purpose has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the attending provider's preprinted order form dated February 18, 2014, contained no references to the applicant having had cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question. The order for ondansetron was endorsed through preprinted checkboxes, without any applicant-specific commentary or rationale. Therefore, the request was not medically necessary.

Omeprazole Delayed-Release 20mg #120: 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) ODG-TWC Pain Procedure Summary last updated 01/07/2014; Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: 3. Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitor such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there is no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question, February 18, 2014. Therefore, the request was not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids for chronic pai.

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

Decision rationale: 4. Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant's work status, functional status, and response to ongoing usage of tramadol were not clearly outlined in the attending provider's February 18, 2014, order form/request for authorization form, to which no clinical progress notes were attached. Therefore, the request was not medically necessary.

Terocin Patch #30: Upheld

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

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

Decision rationale: 5. Finally, the request for topical Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are deemed "largely experimental." In this case, there was no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of Terocin. Therefore, the request was not medically necessary.