

Case Number:	CM14-0035298		
Date Assigned:	07/23/2014	Date of Injury:	08/01/1995
Decision Date:	08/28/2014	UR Denial Date:	02/26/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 50-year-old female who reported injury 08/01/1995. The mechanism of injury was not provided within the medical records. The clinical note dated 02/20/2014 indicated diagnoses of status post L4-S1 360 degree lumbar arthrodesis with retained symptomatic lumbar spinal hardware and lower extremity radiculitis and foot drop status post right knee arthroscopic surgery with right knee degenerative joint disease and electrodiagnostic evidence of right L5 radiculopathy. The injured worker reported persistent low back pain that radiated to the right lower extremity with continued experience of right foot drop. The injured worker reported right knee pain that was aggravated with occasional right leg giving way. On physical examination of the lumbar spine, there was tenderness. There was also tenderness at the paravertebral muscle with spasms. The injured worker had a seated nerve root test that was positive that was dysesthesia at the L5-S1 dermatome on the right with weakness of ankles and toes with right foot drop. Examination of the injured worker's right knee revealed tenderness at the right knee joint line. There was a positive patella compression test with pain with pain at the terminal flexion. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted request for naproxen, cyclobenzaprine, Ondansetron, omeprazole, tramadol, and Terocin patch. A request for authorization dated 02/21/2014 was submitted for medications; however, a rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Na (sodium) 550mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The California MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines do not recommend long-term use of NSAIDs and there is lack of clinical information provided indicating how long the injured worker has utilized naproxen. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request does not indicate a frequency for the naproxen; therefore, the for Naproxen NA (sodium) 550 mg, #120 is not medically necessary and appropriate.

Cyclobenzaprine HCL 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: MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Although the injured worker reported persistent pain to the low back, there was lack of quantified pain assessment. In addition, it was not indicated if the injured worker was currently utilizing cyclobenzaprine and clarification is needed. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request did not indicate a frequency for the medication. Therefore, the request for Cyclobenzaprine HCL 7.5mg, #120 is not medically necessary and appropriate.

Ondansetron ODT 8mg, #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-TWC), Pain Chapter, Antiemetics (for opioid nausea).

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

Decision rationale: The Official Disability Guidelines (ODG) do not recommend Ondansetron ODT for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for nausea. The Official Disability Guidelines (ODG) do not recommend Ondansetron ODT for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for nausea and vomiting. In addition, it is not indicated if the injured worker is currently utilizing this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for

Ondansetron ODT 8mg, #60 is not medically necessary and appropriate.

Omeprazole DR 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for gastrointestinal bleeding, perforations or peptic ulcers. In addition, the documentation submitted did not provide a medication profile. Moreover, it was not indicated if the injured worker was utilizing this medication. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Omeprazole DR 20mg, #120 is not medically necessary and appropriate.

Tramadol HCL ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), page 113. Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. It was not indicated if the injured worker was utilizing this information currently and if so, there was lack of documentation of efficacy in functional improvement with the use of this medication. Additionally, the request did not indicate a frequency for this medication. Moreover, there was lack of a pain assessment for the injured worker. Therefore, the request for 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%). The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Terocin contains capsaicin. Capsaicin is primarily for postherpetic neuralgia, diabetic neuropathy, and post metastatic pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for postherpetic neuralgia, diabetic neuropathy or post mastectomy pain. Terocin contains topical lidocaine. Lidocaine is not approved unless it is in the form of Lidoderm. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Additionally, it was not indicated if the injured worker was currently utilizing the Terocin patch. If the injured worker was, there is lack of documentation of efficacy in functional improvement with the use of this medication. Additionally, the request did not indicate a frequency or dosage for this medication. Therefore, the request for Terocin Patch #30 is not medically necessary and appropriate.