

Case Number:	CM14-0035617		
Date Assigned:	06/23/2014	Date of Injury:	10/19/2012
Decision Date:	09/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 37-year-old female who reported an injury on 10/19/2012. Reportedly the injured worker was involved in an automobile accident while on duty and sustained injuries to her neck, shoulder, back, and hip. The injured worker's treatment history included medications, physical therapy, MRI studies, and a Functional Capacity Evaluation. The injured worker was evaluated on 01/24/2013 and the injured worker complained of persistent neck pain with stiffness. Physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was limited cervical range of motion. There was dysesthesia at the right C5 and C6 dermatomes. The Request for Authorization dated 02/17/2014 was for cyclobenzaprine hydrochloride, ondansetron, sumatriptan, and Medrox ointment. Diagnoses included cervical/lumbar discopathy, rule out shoulder internal derangement, and rule out left hip internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5mg #120, Date of service: 03/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker's Comp Pain Procedure Summary, muscle relaxants.

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

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Cyclobenzaprine Hydrochloride 7.5 mg, QTY: 120 date of service 03/ 21/ 2013 is not medically necessary.

Ondansetron ODT tablets 8mg, #30x2 Quantity: 60, Date of service: 03/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker's Compensation, Pain Procedure summary.

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), Antiemetic's (for opioid nausea).

Decision rationale: The request for Ondansetron ODT 8mg # 30 X 2 quantity 60 Date of service 03/ 21/ 2013 is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Ondansetron In addition, the documentation provided does not indicate the injured worker having a diagnoses of cancer or acute/postoperative therapy. Given the above, the request is not medically necessary.

Sumatriptan Succinate tablets 25mg #9x2 Quantity: #1, Date of service: 03/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Worker's Comp, I Lead Procedure Summary.

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: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class Rizatriptan (Maxalt) has demonstrated, in a head-to-head study, higher response rates, and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. The documents submitted indicated the injured worker having headaches however, the provider failed to indicate how long the injured worker has been suffering from the headaches. In addition, the request failed to indicate frequency and duration of medication. Given the above, the request for Sumatriptan Succinate 25 mg #9x2 # 9 X 2 ; Quantity : 1 , Date of Service 03/21/2013 is not medically necessary.

Medrox ointment 120gm x 2 #240, Date of service: 03/21/13: 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 request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses.

Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. Given the above, the request for Medrox ointment 120gm X2 # 240, Date of Service: 03/21/2013 is not medically necessary.