

Case Number:	CM14-0035943		
Date Assigned:	06/23/2014	Date of Injury:	07/29/2011
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
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 & Rehabilitation 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 injured worker is a 62-year-old male with a reported injury on 07/29/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/07/2014 reported that the injured worker complained of low back pain that radiates to the bilateral lower extremities, right greater than left. The physical examination of the injured worker's cervical spine revealed tenderness at the cervical paravertebral muscle, there was pain with terminal motion. It was reported the axial loading compression test and Spurling's maneuver were positive. The physical examination of the injured worker's lumbar spine revealed tenderness to the mid to distal lumbar segments, pain with terminal motion. Seated nerve root test was positive, with dysesthesia at the L5 and S1 dermatomes. The injured worker's diagnoses included cervical/lumbar discopathy; carpal tunnel/double crush syndrome, right shoulder impingement syndrome with labral tear and partial rotator cuff tear; status post right knee arthroscopy surgery with degenerative joint disease and menisci tear; left knee chondromalacia patellae and menisci tear; and bilateral plantar fasciitis. The provider requested cyclobenzaprine, sumatriptan, ondansetron, and Medrox; the rationales were not provided within the clinical notes. The Request for Authorization was submitted on 03/24/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5 mg, #120, DOS:06/04/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Anti-spasticity drugs. Decision based on Non-MTUS Citation Chou, 2007; Mens, 2005; Van Tulder, 1998; Van Tulder, 2003; Van Tulder, 2006; Schnitzer, 2004; Homik, 2004; ICSI, 2007; Browning, 2001; Kinkade, 2007; Toth, 2004; Tofferi, 2004; Official Disability Guidelines- TWC: Pain Procedure Summary and Anti-spasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine hydrochloride tablets 7.5 mg #120, date of service 06/04/2012 is non-certified. The injured worker complained of low back pain. The treating physician's rationale for cyclobenzaprine was not provided in the clinical notes. The CA 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. There was a lack of clinical information provided documenting the efficacy of cyclobenzaprine as evidenced by increased pain, decreased muscle spasms, and significant objective functional improvements. Moreover, the requesting provider did not specify the utilization frequency of the medication to be requested. Furthermore, there is a lack of clinical information provided indicating how long the injured worker has used Cyclobenzaprine, the guidelines recommend Cyclobenzaprine as a short course of therapy. As such, the request is not medically necessary.

Sumatriptan Succinate tablets 25 mg, #9x2, DOS: 06/04/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC: Head Procedure Summary: Triptans; Adelman, 2003; Ashcroft, 2004; Belsey, 2004; Brandes, 2005; Diener, 2005; Ferrari, 2003; Gerth, 2001; Mannix, 2005; Martin, 2005; McCrory, 2003; Moschiano, 2005; Moskowitz, 1992; Sheftell, 2005; Gobel, 2010; Mullins, 2007; McCormack, 2005.

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 request for sumatriptan succinate tablets 25 mg quantity 9 times 2, date of service 06/04/2012 is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for sumatriptan was not provided within the clinical notes. The Official Disability Guidelines recommend Triptans 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. There was a lack of clinical information provided documenting the efficacy of sumatriptan as evidenced by decreased migraine headache and significant objective functional improvements. Moreover, there was a lack of clinical information indicating the injured worker has a diagnosis of migraine headaches. Furthermore, the requesting provider did not provide the utilization frequency of the medication to be requested. As such, the request is not medically necessary and appropriate.

Ondansetron ODT tablets 8 mg, #30x2 QTY: 60, DOS: 06/04/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC: Pain Procedure Summary: Antiemetics; Moore, 2005; Mosby's Drug Consult: Ondansetron.

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

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for ondansetron was not provided within the clinical notes. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. There was a lack of clinical information provided documenting the efficacy of ondansetron as evidenced by decreased nausea and vomiting with significant objective functional improvements. Moreover, the requesting provider did not provide the utilization frequency of the medication to be requested. Furthermore, ondansetron is not recommended per guidelines for nausea and vomiting secondary to chronic opiate utilization. As such, the request for ondansetron ODT tablets 8 mg quantity 30 times 2 quantity 60 total date of service 06/04/2012 is not medically necessary and appropriate.

Medrox Pain Relief Ointment 120 gm x2, DOS: 06/04/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006; Lin, 2004; Bjordal, 2007; Mason, 2004; Biswal, 2006; Diaz, 2006; Hindsen, 2006; Gurol, 1996; Krummel, 2000; Dworkin, 2007; Khaliq-Cochrane, 2007; Knotkova, 2007; Lexi-Comp, 2008; Scudds, 1995; Robbins, 2000; Keitel, 2001; Mason-BMJ, 2004; Gammaitoni, 2000; Lynch, 2005.

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

Decision rationale: The injured worker complained of low back pain. The treating physician's rationale for Medrox was not provided within the clinical notes. Medrox patches contain menthol 5%, capsaicin 0.0375%, and methyl salicylate 5%. The CA MTUS guidelines recommend capsaicin 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 and a 0.075% formulation. 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. The guidelines do not recommend topical baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was a lack of clinical information provided documenting the efficacy of Medrox as evidenced by decreased pain with significant objective functional improvements. Moreover, the requesting provider did not provide the utilization frequency or the location of application of the medication to be

requested. Medrox contains 0.0375% capsaicin. The guidelines specifically state that there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Thus, the guidelines do not recommend 0.0375% capsaicin. Furthermore, the guidelines state that if 1 component or dosage is not approved, then the entire medication is not recommended. Therefore, the request for Medrox pain relief ointment 120 grams times 2 date of service 06/04/2012 is not medically necessary and appropriate.