

<b>Case Number:</b>	CM14-0035977		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old male was reportedly injured on May 8, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 20, 2014, was nothing more than a check-off list for the medication protocols. No specific clinical information was presented for review. A dermatology consultation was completed in January, 2014 noting a small basal cell carcinoma of the mid chest, the left cheek, and multiple keratotic changes about the face, scope and trunk. A surgical incision of the basis of carcinoma was sought. The diagnostic imaging studies were not presented for review. A previous treatment included epidural steroid injections, multiple medications, physical therapy, cervical spine surgery, incision and drainage of an abscess. A request had been made for multiple medications and was not medically necessary in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium tablets 550mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73 of 127.

**Decision rationale:** The most current progress note is a check-off list that provides actually no data relative to this particular injured worker. As such, there was no objectification of any efficacy, utility or functionality improvement note that indicated this medication has any continued clinical indication. Therefore, while noting that this is an option, without the clinical assessment of the treating provider there is no objectified medical necessity for the ongoing use of this preparation.

**Cyclobenzaprine Hydrochloride tablets 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter - muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** This medication is recommended as an option for short course of therapy. There is no clinical indication for chronic or indefinite use of this medication to address occasional flare ups of muscle spasm. When noting the date of injury and the complete lack of any clinical information for the past 6 months, there is no medical necessity established for the continued use of this medication.

**Ondansetron ODT tablets 8mg #30 X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Pain Procedure Summary Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, updated July 2014.

**Decision rationale:** It is noted that the ACOEM or MTUS does not address this particular medication. According to ODG, this medication is indicated for nausea and vomiting secondary to chemotherapy, radiation therapy or postoperatively. The limited clinical information, presented, does not support any complaints of nausea vomiting or any clinical indication for the facilitation. Therefore, due to complete lack of clinical evidence presented by the requesting provider, there is no medical necessity established for this preparation.

**Omeprazole delayed released capsules 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** As noted in the guidelines, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. The clinical documentation listed did not indicate any complaints of gastrointestinal distress, symptoms or any other clinical indication for this medication. Therefore, based on this complete lack of clinical information presented by the provider, the medication is not medically necessary.

**Tramadol Hydrochloride ER 150 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** This medication is a synthetic opioid analgesic not recommended as a first-line therapy. Furthermore, there was no clinical documentation presented to suggest that there is any efficacy or utility with the use of this medication. As such, based on the complete lack of an appropriate progress note presented by the providing physician, the medical necessity of this medication is not established.

**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 Page(s): 112 of 127.

**Decision rationale:** This is a topical pain lotion containing methyl salicylate, capsaicin, menthol and lidocaine. These medications are largely experimental as noted in the MTUS Guidelines and there are few randomized controlled studies demonstrating their utility. Furthermore, there were no progress notes presented by the requesting provider indicating that there was any efficacy or functional improvement with uses preparation. Therefore the request for the medication is not medically necessary.