

Case Number:	CM14-0036232		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2006
Decision Date:	10/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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:

Patient is a 63-year-old female who has submitted a claim for major depression with anxiety and panic disorder, status post cervical discectomy, rule out shoulder impingement, lumbosacral Anterolisthesis and right hip pain associated with an industrial injury date of 10/01/2006. Medical records from 2013 to 2014 were reviewed. The patient complained of headache and muscle tension between shoulder blades. Patient likewise experienced neck pain and low back pain. Physical examination of the cervical spine showed tenderness, positive axial loading compression test, positive Spurling's maneuver, and painful range of motion. Sensation was diminished at C6 and C7 dermatomes. Examination of the lumbar spine showed tenderness, painful terminal motion, and positive seated nerve root test. Sensation was diminished at L5 and S1 dermatomes. Urine drug screen from 10/8/2013 showed undetected levels of medication. Treatment to date has included acupuncture, cervical surgery, psychotherapy sessions, physical therapy, and medications such as Voltaren, Orphenadrine, Ondansetron (since January 2014), omeprazole (since 2013), tramadol (since 2013), naproxen (since January 2014), Cyclobenzaprine (since 2013), Levofloxacin (since January 2014), Terocin patch (since 2013), and Gabapentin. Utilization review from 3/13/2014 denied the requests for Naproxen 500mg #100, Omeprazole 20 MG #120, Cyclobenzaprine 7.5 mg #120, Tramadol ER 150 mg #90, Terocin Patch # 30, Ondansetron 8 mg # 60 X 2, and Levofloxacin 750mg #30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDS Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naproxen since January 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 500mg #100 is not medically necessary.

Omeprazole 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since 2013. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, the patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20 MG #120 is not medically necessary.

Cyclobenzaprine 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case,

the patient has been on Cyclobenzaprine since 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The most recent physical examination also failed to show evidence of muscle spasm. Therefore, the request for Cyclobenzaprine 7.5 mg #120 is not medically necessary.

Tramadol ER 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen from 10/8/2013 also showed inconsistent result with prescribed medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol ER 150 mg #90 is not medically necessary.

Terrocin Patch # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE PATCH Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: Terrocin patch contains both Lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient experienced neck pain and low back pain. There were no citation concerning pain radiation, numbness, or tingling sensation. Clinical manifestations were not consistent with neuropathic pain. Patient was initially prescribed gabapentin when Terrocin patch had been added in 2013. However, there was no documentation concerning pain relief and

functional improvement derived from its use. Therefore, the request for Terocin Patch # 30 is not medically necessary.

Ondansetron 8 mg # 60 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Antiemetics (for opioid nausea) and Ondansetron

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, patient has been on Ondansetron since January 2014. However, patient has no subjective complaints of nausea or vomiting. Patient is not in post-operative state. She is not receiving any chemotherapy or radiation therapy to necessitate this medication. There is no clear indication for this request. Therefore, the request for Ondansetron 8 mg # 60 X 2 is not medically necessary.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration, Levofloxacin

Decision rationale: The CA MTUS does not address Levofloxacin specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the US Food and Drug Administration was used. It states that Levofloxacin is an antibiotic used to treat a variety of infections. In this case, patient has been on Levofloxacin since January 2014. There is no clear indication for antibiotic based on the medical records submitted. There are no signs and symptoms of infection to warrant this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for Levofloxacin 750mg #30 is not medically necessary.