

Case Number:	CM14-0036241		
Date Assigned:	07/25/2014	Date of Injury:	10/16/2008
Decision Date:	12/31/2014	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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of October 16, 2008. In a Utilization Review Report dated March 13, 2014, the claims administrator failed to approve a request for Naproxen, Cyclobenzaprine, Zofran, Tramadol, Prilosec, and Terocin patches. The applicant's attorney subsequently appealed. Several of the articles at issue were endorsed in a March 7, 2014 Request for Authorization (RFA) form/prescription form, including naproxen, Flexeril, Zofran, Prilosec, Tramadol, and Terocin. The order form comprised entirely of preprinted checkboxes with no narrative commentary or applicant-specific information attached. Similarly, on October 16, 2013, the applicant received prescriptions for naproxen, Flexeril, and Prilosec through an order form which employed preprinted checkboxes. Once again, no narrative commentary, progress note, or applicant-specific rationale was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550mg #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 Functional Restoration Approach to Chronic Pain Management section, Anti-inflammatory Medication.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's preprinted checkboxes/order forms contained little-to-no applicant-specific information, narrative rationale, or commentary which would augment the request for naproxen. The applicant's response to previous usage of naproxen was not clearly outlined. The applicant's work and functional status were unknown. There was, in short, no mention of medication efficacy which would have supported ongoing usage of naproxen. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride Tablets 7.5mg #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 topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including tramadol, naproxen, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ondansetron ODT (orally disintegrating tablets) Tablets 8mg #30 X2, QTY 60: 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 Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider

using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant had had any recent cancer chemotherapy, radiation therapy, and/or surgery, nor is there any evidence that the applicant was personally complaining of any symptoms of nausea and/or vomiting for which ondansetron could have been considered. The request, thus, is at odds with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request was not medically necessary.

Omeprazole Delayed Release Capsules 20mg #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 topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Again, omeprazole, as with the other medications, was endorsed through preprinted checkboxes, with little-to-no applicant-specific commentary. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER (extended release) 160mg #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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status has not been outlined. The attending provider did not incorporate any discussion of a reduction in pain scores and/or any tangible, material improvements in function achieved as a result of ongoing tramadol usage in either of his prescription order forms. Therefore, the request was not medically necessary.

Terocin Patch QTY 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 Topical Lidocaine section Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide.

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of first-line oral anticonvulsant adjuvant medications and/or first-line oral antidepressant adjuvant medication failure prior to selection, introduction, and/or ongoing usage of the lidocaine-containing Terocin patches at issue. Therefore, the request was not medically necessary.