

Case Number:	CM14-0038107		
Date Assigned:	07/28/2014	Date of Injury:	01/23/2012
Decision Date:	08/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/01/2014

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:

Injured worker is a male with a date of injury of 1/23/2012. Per the primary treating physician's progress report dated 5/22/2014, the injured worker reports constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as sharp. There is radiation of pain into the upper extremities. There are associated headaches that are migrainous in nature, as well as tension between the shoulder blades. His pain is worsening and rated at 8/10. On exam there is palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is no clinical evidence of stability on exam. Skin is warm and dry with normal color and turgor. There is intact circulation and full and normal excursion of the fingers. Coordination and balance are intact. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb which correlates with a C6 dermatomal pattern. There is 4 strength in the wrist extensors and biceps, C6 innervated muscles. There is tenderness around the anterior glenohumeral region and subacromial space. Hawkin's and impingement signs are positive. Rotator cuff function appears intact, albeit painful. There is reproducible symptomatology with internal rotation and forward flexion. Standing flexion and extension are guarded and restricted. There is no apparent swelling. Diagnosis is disc disorder cervical. Earlier clinical notes by the requesting provider were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5 mg, #120, dos: 05/28/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. The MTUS Guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. The request for cyclobenzaprine hydrochloride 7.5 mg #120 is determined to not be medically necessary.

Medrox pain relief ointment #240g, dos: 05/28/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 111-113.

Decision rationale: Medrox ointment contains the active ingredients methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This compounded topical capsaicin at the concentration of 0.0375% is not recommended, so the entire compounded agent is not recommended. The request for Medrox pain relief ointment #240g is determined to not be medically necessary.

Tramadol Hydrochloride extended-release capsules 150mg #90, dos: 05/28/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain section and Opioids, specific drug list section Page(s): 82, 83, 93, 94.

Decision rationale: Tramadol is not recommended by the MTUS Guidelines as a first line oral analgesic. Tramadol is reported to be effective in managing neuropathic pain. Medical necessity for the use of tramadol in this injured worker has not been established by the requesting physician. The request for Tramadol Hydrochloride extended-release capsules 150mg #90 is determined to not be medically necessary.

Sumatriptan Succinate tablets 25mg #18, dos: 05/28/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines= TWC -HEAD.

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: Drug information via the World Wide Web at www.drugs.com.

Decision rationale: The MTUS Guidelines and ODG do not address the use of sumatriptan succinate. This medication is intended for the acute treatment of migraine attacks with or without aura, and for acute treatment of cluster headache episodes. It is not recommended for management of hemiplegic or basilar migraine or for prophylaxis of migraine or cluster headache. The requesting physician does not explain why this medication is being prescribed. The injured worker has been diagnosed with cervical spine degenerative disc disease. The request for Sumatriptan Succinate tablets 25mg #18 is determined to not be medically necessary.

Ondansetron ODT tablets 8mg #60, dos: 05/28/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC -Pain.

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) section.

Decision rationale: The MTUS Guidelines do not address the use of ondansetron. The ODG reports that ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The requesting physician has not provided a rationale of why this medication is being prescribed for this injured worker. The current diagnosis and treatment does not support the use of this medication within the ODG. The request for Ondansetron ODT tablets 8mg #60 is determined to not be medically necessary.