

Case Number:	CM14-0038893		
Date Assigned:	06/27/2014	Date of Injury:	01/12/2009
Decision Date:	10/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Illinois. 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 35-year-old male who reported injury on 01/12/2009 due to getting hit with a nightstick while on duty. The injured worker has diagnoses of disc displacement of the cervical spine, cervical radiculopathy, and cervicgia. Past medical treatment consists of surgery, acupuncture, physical therapy, and medication therapy. Medications consist of Prilosec, Percocet, Naprosyn, Flexeril, Terocin patches, Ondansetron, and tramadol. On 06/13/2014, the injured worker underwent a urine drug screen which showed that he was not within normal limits. The injured worker was positive for Oxymorphone and tramadol which were at the time not his prescriptions. On 07/09/2014, the injured worker complained of cervical spine pain. Physical examination revealed that there was palpable paravertebral muscle tenderness to spasm. There was negative axial loading compression test. Spurling's maneuver was negative; range of motion was limited to pain. Sensation and strength were within normal limits. Medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Pain Procedure Summary.

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

Decision rationale: The request for cyclobenzaprine is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It was indicated in the submitted documentation that the injured worker had been on the medication since at least 2012 exceeding the recommended guidelines for short term therapy use. Additionally, the request as submitted is for cyclobenzaprine (Flexeril) with a quantity of 120 also exceeding recommended guidelines. Furthermore, the efficacy of the medication was not submitted for review, nor was it indicated that the medication helped with any functional deficits. The rationale was not submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Ondansetron ODT Tablets 8mg #30, x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Zofran/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, Antiemetic (for opioid nausea).

Decision rationale: The request for Ondansetron is not medically necessary. The Official Disability Guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short term duration (less than 4 weeks) and have limited application to long term use. Given the above, the injured worker is not within ODG. The submitted documentation also did not indicate that the injured worker was suffering from nausea. Furthermore, it was not indicated in the submitted documentation as to how long the injured worker had been taking the Ondansetron. Additionally, the request as submitted did not indicate a frequency of the medication. The medical necessity of Ondansetron is unclear. As such, the request is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 116, 78.

Decision rationale: The request for tramadol is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line analgesic. The California MTUS Guidelines recommend there should be documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. An assessment showing pain levels before, during, and after medication administration should also be submitted for review. The submitted documentation did not include the efficacy of the medication nor did it indicate that the tramadol was helping with any functional deficits. A urinalysis was submitted on 06/13/2014 showing that the injured worker was not within normal limits. There was also no indications of the injured worker having any adverse side effects. Furthermore, there was no indication as to what pain levels are before, during, or after medication administration. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

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 Lidocaine (Terocin) Page(s): 112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. Terocin patches consists of lidocaine 4%, and menthol 4%. The California MTUS Guidelines state that lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non dermal patch formulations are generally indicated as local anesthetic and antipruritic. In 02/2007, the FDA notified consumers and health care professionals of the potential hazards with the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of substance over large areas, left the product sit for long periods of time, or use the agents with occlusive dressings. Only FDA approved products are currently recommended. The submitted reports lacked any indication that the injured worker had a diagnosis of neuropathic pain. The guidelines also state that lidocaine is recommended for localized peripheral pain. However, there was no documentation submitted in the reports that the injured worker had such pain. Furthermore, there was no indication in the submitted report that the injured worker had trialed and failed any first line therapies, such as a tricyclic or SNRI antidepressant or AED such as Lyrica or gabapentin. Additionally, the efficacy of the medication was not provided to support continuation of the medication. The request as submitted did not indicate the dosage, frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for Terocin patch is not medically necessary.

