MAXIMUS Federal Services

Case Number:	CM14-0039858		
Date Assigned:	06/27/2014	Date of Injury:	02/23/2013
Decision Date:	08/26/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The injured worker is a 52-year-old male with a reported date of injury of 02/18/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical/lumbar discopathy, double crush carpal tunnel syndrome, and cervicalgia. His previous treatments were noted to include medications. The progress note dated 02/26/2014 revealed persistent pain in the cervical spine that radiated to the upper extremities with associated numbness and tingling. There was persistent pain in both wrists, right greater than left, and associated tingling in the hands all throughout the day. There was also persistent low back pain. The physical examination of the cervical spine revealed paravertebral muscle spasms, a positive axial loading compression, and extension of symptomatology in the upper extremities. There was generalized weakness and numbness noted and reproducible symptomatology in the upper extremities consistent with the double crush. The physical examination of the bilateral hands and wrists revealed a positive palmar compression test subsequent to the Phalen's maneuver. There was reproducible symptomatology in the median nerve distribution with a positive Tinel's, consistent with carpal tunnel syndrome. The physical examination of the lumbar spine revealed pain and tenderness in the mid to distal palmar segments; standing flexion and extension were guarded and restricted. The seated nerve root test was positive and there was dysesthesia in the lower extremities. The provider indicated medications could be taken for symptomatic relief. The Request for Authorization form was not submitted within the medical records. The request was for cyclobenzaprine hydrochloride tablets 7.5 mg #120 for muscle spasms; sumatriptan succinate tablets 25 mg #9 times 2 for migrainous headaches associated with chronic cervical spine pain; odantestron (Ondansetron?) tablets 8 mg #30 times 2 (#60), no more than twice a day for nausea associated with headaches that are present with the chronic

cervical spine pain; tramadol hydrochloride ER 150 mg #90 with 1 tablet twice a day as needed for acute severe pain; and Terocin patch #30 for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms to warrant cyclobenzaprine and the guidelines recommend short-term treatment with muscle relaxants. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

Sumatriptan Succinate tablets 25 mg #9 times two, one tablet at onset of headache and repeated two hours later if needed, no more tha four per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The request for Sumatriptan succinate tablets 25 mg #9 times 2, with 1 tablet at the onset of headache and repeated 2 hours later if needed, no more than 4 per day, is not medically necessary. The injured worker has been utilizing this medication for migraine headaches. The Official Disability Guidelines recommended triptans for migraine sufferers. At marketed doses, all oral triptans are effective and well-tolerated. Differences among them are generally relatively small, but clinical irrelevant for individual patients. A poor response to 1 triptan does not predict a poor response to other agents in that class. There is a lack of

documentation regarding migraine headaches to warrant Sumatriptan succinate. There is also a lack of documentation regarding the efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

Ondansetron ODT tablets 8 mg #30 times two, #60, no more than twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter , ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-emetics (for opioid nausea).

Decision rationale: The request for ondansetron ODT tablets 8 mg #30 times 2 (#60), no more than twice a day, is not medically necessary. The injured worker has been utilizing this medication for nausea caused by cervical pain. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines state nausea and vomiting is common with the use of opioids. These side effects tend to diminish over days to weeks of continue exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short-term duration (usually less than 4 weeks) and have limited applications to long-term use. Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as postoperative use. The acute use is FDA-approved for gastroenteritis. There is a lack of documentation regarding the efficacy of this medication and the guidelines recommend Ondansetron for postoperative and chemotherapy-induced nausea. The injured worker is not postoperative or receiving chemotherapy to warrant to Ondansetron. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER 150 mg #90, one tablet once a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol hydrochloride ER 150 mg #90 with 1 tablet once a day as needed is not medically necessary. The injured worker has been utilizing this medication for neck, wrist, and back pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of the medication. There is a lack of improved functional status, side effects, and it is unclear whether the injured worker has

had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. Terocin consists of both Lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research for the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend Lidocaine for neuropathic pain. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of first line therapy (tricyclic or SNRI antidepressants or AEDs, such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether cream, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend topical Lidocaine for non-neuropathic pain. The injured worker has complained of radiating pain; however, the guidelines recommend Lidoderm for neuropathic pain and in no other formulation other than the Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.