

<b>Case Number:</b>	CM14-0040995		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 sustained a work related injury on March 27, 2012. The exact mechanism of the work related injury, with result of the injury was not included in the documentation provided. On March 31, 2014, the Primary Treating Physician progress report noted the injured worker with back and right knee pain, improving with physical therapy. Documentation provided by the Utilization Review Physician included notation of the Primary Treating Physician's progress note of December 16, 2013, which indicated that the injured worker has persistent pain of the right knee and low back pain. The progress note included physical examination of the cervicodorsal spine which revealed tenderness to palpation of the cervicodorsal spine muscles and upper trapezius muscles, with spasms. The injured worker was noted to have painful and restricted cervical range of motion. Tenderness of the lumbar spine from the mid to distal segments was noted. The right knee was noted to have tenderness at the right knee joint line anteriorly. The right ankle revealed tenderness at the right ankle anterolateral aspect with minimal swelling. The documentation provided failed to include the injured workers previous treatment modalities other than physical therapy, and response to those treatments. The documentation lacks indications for the injured workers prescribed oral medications, compliance with medication treatment, or current laboratory and urine drug test evaluations. On March 7, 2014, the Primary Treating Physician requested authorization for Naproxen Sodium 550mg #100, Cyclobenzaprine Hydrochloride 7.5mg #120, Ondansetron ODT #30 x2, Omeprazole Delayed Release 20mg #120, Tramadol Hydrochloride ER 150mg #90, and 30 Terocin Patches. On March 14, 2014, Utilization Review evaluated the request for Naproxen Sodium 550mg #100, Cyclobenzaprine Hydrochloride 7.5mg #120, Ondansetron ODT #30 x2, Omeprazole Delayed Release 20mg #120, Tramadol Hydrochloride ER 150mg #90, and 30 Terocin Patches citing MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG), and the ODG-

TWC Pain Procedure Summary last updated January 7, 2014. The UR physician noted that the guidelines recommended the lowest dose for the shortest period of time for Naproxen, and that documentation submitted for review was well over sixty days old and could not be used to determine the current condition of the injured worker, therefore the UR Physician recommended non-certification for the Naproxen. The UR Physician noted that the documentation was also well over sixty days old for the Cyclobenzaprine, and that in July 2013, the injured worker received certification for the Cyclobenzaprine to allow downward titration and complete discontinuation since guidelines do not support recommendation for chronic use. As the injured worker should have been completely weaned from the Cyclobenzaprine based on warnings from the previous reviews, the UR Physician recommended non-certification of the Cyclobenzaprine. The UR Physician recommended non-certification of the Ondansetron and the Omeprazole as the documentation was well over sixty days old and could not be used to determine the current condition of the injured worker for the prospective review. The UR Physician noted that on January 28, 2014, a previous request for Tramadol ER was non-certified due to ongoing medication guideline non-compliance, and with the documentation submitted for review well over sixty days old that could not be used to determine the current condition of the injured worker, the recommendation was for non-certification of the Tramadol. Regarding the Terocin patches, the UR Physician noted that the documentation submitted for review was well over sixty days old, and that there was no indication that the injured worker was unresponsive to treatments other than the Terocin patches. Medical necessity of the requested topical compound of the Terocin patches was not established, therefore non-certification was recommended for the Terocin patches. The diagnoses given include lumbar discopathy, cervical discopathy, right knee internal derangement, right ankle internal derangement, and plantar fasciitis. The decisions were subsequently appealed to Independent Medical Review.

### **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 NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** NSAIDs like Naproxen are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Given the paucity of records submitted, it cannot be ascertained as to whether this prescription is new or merely a continuation. It is not clear why #100 tablets are requested when that would provide greater than 90 days of medication. In view of the recommendations to provide the lowest dose for the shortest time, Naproxen Sodium Tablets 550mg, #100 is not medically necessary.

### **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 (ODG-TWC) Pain Chapter, Procedure Summary (last updated 01/07/14), Non-Sedating Muscle Relaxants

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

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. It is recommended as an option for pain, using a short course of therapy. In this instance, the quantity of cyclobenzaprine requested is sufficient for at least 3 months of therapy, a period of time in excess of the recommended guidelines for short courses of therapy. Therefore, Cyclobenzaprine Hydrochloride Tablets 7.5mg, #120 is not medically necessary.

### **Ondansetron ODT Tablets 8mg, #30 with 2 refills: 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-TWC), Pain Chapter, Procedure Summary (last updated 01/07/14), Antiemetics (for opioid nausea)

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

**Decision rationale:** Ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. It 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. It is not recommended for nausea and vomiting secondary to chronic opioid use. The medical records provided to not clarify the reason for the use of Ondansetron and therefore Ondansetron ODT Tablets 8mg, #30 with 2 refills is not medically necessary.

### **Omeprazole Delayed-Release Capsules 20mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** Those requiring NSAIDs should have an assessment of their risk for gastrointestinal events like ulceration. Those risk factors include 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an

anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Those with one or more risk factors may be prescribed a proton pump inhibitor like omeprazole to diminish the risk of gastric ulceration. In this instance, although we are not given the actual directions for use of the naproxen it is presumed that the doses prescribed are high dose. However, the naproxen could not be certified as medically necessary. Therefore, Omeprazole Delayed-Release Capsules 20mg, #120 is not medically necessary.

**Tramadol Hydrochloride ER 150mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for Chronic Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Those prescribed opioids like Tramadol chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any adverse drug taking behavior. Ultram ER: Patients currently not on immediate release Tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release Tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg, increment (Max dose 300mg/day). In this instance, it is presumed that the injured worker has been taking Tramadol ER chronically because of the doses prescribed. The submitted documentation does not provide assessments for pain relief, functionality, or any monitoring for side effects or adverse drug taking behavior. Additionally, it appears that the total daily dose of the Tramadol is 450 mg which exceeds the maximum recommended dose of 300 mg per day. For these reasons, Tramadol Hydrochloride ER 150mg, #90 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): 111-113.

**Decision rationale:** Terocin patch contains lidocaine and menthol. Topical lidocaine is 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 anti-epilepsy drug such as Gabapentin or Lyrica). The documentation provided does not indicate that the injured worker has previously tried and failed antidepressant or anti-epilepsy drugs. Additionally, there is no indication that she has localized peripheral pain. Therefore, Terocin Patch, #30 is not medically necessary.