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| Case Number: | CM14-0042855 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 06/27/2012 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Internal 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 injured worker is a 41 year old male who sustained an injury on 06/27/12 while attempting to prevent a crate from falling. The injured worker developed pain in the left side of the upper and lower back as well as the left upper and lower extremity. The injured worker was noted to have developed a right inguinal hernia. The injured worker is status post inguinal hernia repair. Mild findings were noted on EMG studies and MRI of the lumbar spine noted degenerative disc disease at L4-5 and L5-S1. Medications have included analgesics, benzodiazepines, and Imitrex. The clinical report dated 03/05/14 noted that the injured worker continued to have chronic low back pain radiating to the lower extremities. The injured worker's physical exam findings noted tenderness to palpation in the lumbar region with loss of range of motion. There was weakness reported at the extensor hallucis longus and left dorsiflexors. As of 03/11/14 the injured worker was being prescribed Naproxen 550mg, Cyclobenzaprine 7.5mg, Ondansetron 8mg, Omeprazole 20mg, Tramadol 150mg, and Terocin patches. The follow up on 04/28/14 noted no significant changes in the injured worker's symptoms or physical exam findings. Surgery was recommended at this evaluation to include lumbar fusion. The requested medications were denied on 03/18/14.

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 (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 1/7/14), Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 7.5mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical document provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

Ondansetron ODT tablets 8mg #60: 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) Treatment in Workers' Compensation, Pain Procedure Summary (updated 1/7/14), 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 Chapter, Anti-emetics

Decision rationale: In regards to the use of Ondansetron 8mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical document provided for review and current evidence based guideline recommendations. Ondansetron is FDA indicated for the treatment of nausea and vomiting secondary to chemotherapy or radiation therapy as well as a post-operative medication. These indications are not present in the clinical record. Guidelines do not recommend the use of this medication to address nausea and vomiting as side effects of certain medications. The recommendation is to adjust the injured worker's medications to avoid these side effects. Given the off-label use of this medication, this reviewer would not recommend the request as 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 Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Tramadol ER 150mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of an analgesic such as Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from analgesics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of analgesic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tramadol. No specific pain improvement was attributed to the use of this medication. As there is insufficient evidence to support the ongoing use of Tramadol, this reviewer would not have recommend certification for the request.

Terocin Patches #10 (dosage unknown): 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: In regards to the use of Terocin topical analgesics, this reviewer would not have recommended this request as medically appropriate. Terocin contains Capsaicin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.