

<b>Case Number:</b>	CM14-0042967		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine 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's original date of injury was said to be July 18, 2009. The actual history of the injury is not available for review. Roughly one year's compilation of notes is reviewed. Essentially, the injured worker is known to have chronic low back pain and bilateral knee pain of unknown chronicity. Several office visit notations indicate that the injured worker has periodic flare-ups of the symptoms causing knee and back pain. His symptoms are known to be aggravated by lifting, bending, pushing/pulling, standing, or walking multiple blocks. A lower extremity electromyogram and nerve conduction velocity study on December 5, 2013 was normal. An MRI scan of the lumbosacral spine dated July 31, 2013 revealed Levo- scoliosis, two small hemangiomas, and multilevel disc protrusion ranging from 2-4 mm essentially from the L3-S-1 levels, with L5-S-1 exiting nerve root compression. The physical exam has revealed positive straight leg raise testing and dysesthesia of the L5/S1 dermatomes. The injured worker also had tenderness of the knees anteriorly with crepitus and a positive McMurray's sign. His diagnoses were lumbar discogenic syndrome and possible internal derangement of the knees. The records reveal scant documentation with regard to medication for any length of time. He was known to have significant flare-ups of his low back pain in February and April 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium tablets 550mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 68.

**Decision rationale:** While the chronicity of the anti-inflammatory medication prescription duration cannot be ascertained from the provided records, it seems clear from the medical record that the injured worker has chronic back pain with episodic flare-ups. The quantity of Naprosyn prescribed would provide for up to two months of therapy. The above guidelines do recommend anti-inflammatories as an option for short term symptomatic relief for low back pain. Because it appears that the anti-inflammatory in this case is being used episodically and presumably for short-term relief of pain, the prescription for Naprosyn is medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per the above guidelines, Cyclobenzaprine is recommended as an option and is more effective than placebo in the management of back pain. The effect is modest and may be greatest for the first four days of treatment, suggesting that shorter courses may be better. Treatment should also be brief. The quantity and frequency of cyclobenzaprine would provide the injured worker with six weeks of medication if needed. Because the guidelines do not specify what a short course of therapy would imply, best medical judgment must be utilized. The record reflects that the injured worker has chronic pain with periodic flare-ups of pain and spasm. The prescription of the cyclobenzaprine 7.5 mg, number 120, is medically necessary.

**Ondansetron ODT tablets 8mg #30x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN SECTION, ANTI-EMETICS TOPIC (FOR OPIOID NAUSEA).

**Decision rationale:** The suggested rationale for the use of Ondansetron was to combat the nausea caused by the cyclobenzaprine. The official disability guidelines do not specifically address the use of this medication to combat nausea caused by another medication apart from chemotherapy and radiation. In fact, nausea and vomiting secondary to chemotherapy and radiation treatment and postoperative use are the only known FDA approved usages of this medication. Therefore, the request for the use of Ondansetron is not medically necessary.

**Tramadol Hydrochloride ER 150mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic pain section>, Sections on Tramadol and Opioids for Chronic Pain>.

**Decision rationale:** Per the above guidelines opioids may be used for chronic non-cancer pain but not as a first option. Tramadol is specifically mentioned as an option for treating chronic low back pain. The use of Tramadol on this situation is not being used as a sole means of therapy. Such as, Tramadol Hydrochloride ER 150mg #90 is medically necessary.

**Terocin Patch QTY 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic pain section>, <Lidocaine topic>.

**Decision rationale:** Terocin is a compounded formulation of Lidocaine and Menthol. Lidocaine specifically is recommended for localized peripheral pain of a neuropathic nature after there is evidence of failure of first-line therapy which may include anti-epilepsy drugs, antidepressants, or selective norepinephrine reuptake inhibition medication. That is not the case in this situation and a neuropathic component to the pain has not been clearly established (normal EMG/NCV testing) and therefore the use of Terocin is not medically necessary.