

<b>Case Number:</b>	CM14-0043103		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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, has a subspecialty in Pain 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 56-year-old female who reported injury on 05/22/2008 due to unspecified cause of injury. The injured worker complained of lower back and cervical pain. The injured worker had diagnoses of cervical disc displacement and lumbago. The physical examination dated 08/11/2014 of the lumbar spine revealed tenderness to palpation at the paravertebral muscles with spasms. Seated nerve root test was positive. Range of motion with standing flexion and extension were guarded and restricted. No clinical evidence of stability on exam. Coordination and balance intact. Strength was a 4/5. Sensation revealed tingling and numbness to the lateral thigh, anterolateral and posterior leg as well as the foot. The cervical spine revealed tenderness to palpation at the paravertebral muscles with spasms. Positive axillary loading and compression test was noted. Spurling's maneuver was positive. Range of motion was limited with pain No clinical evidence of stability on exam. Circulation intact; full, normal excursion of the fingers; coordination and balance intact, and sensation and strength normal. Medications included cyclobenzaprine, ondansetron, tramadol, and a Terocin patch. The injured worker rated her pain to the lower back an 8/10 using the VAS and 7/10 to the cervical spine, using the VAS. Treatment plan included medications. The Request for Authorization dated 09/02/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochlorine 7.5 mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** 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 the shorter courses may be better. Treatment should be brief. Per the clinical notes, it is indicated the injured worker has been taking the cyclobenzaprine for greater than 4 days. The documentation was not evident of objective functional improvement with the medication. The request did not indicate the frequency. As such, the request for Cyclobenzaprine Hydrochlorine 7.5 mg #120 is not medically necessary.

**Ondansetron ODT 8mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate that the drug is a serotonin 5-HT<sub>3</sub> receptor agonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and acute use for gastroenteritis. The clinical notes did not indicate any gastroenteritis. The guidelines indicate that Zofran is used for chemotherapy induced nausea. The request did not indicate a frequency. As such, the request for Ondansetron ODT 8mg #30 x 2 refills is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and are not recommended for first line oral analgesia. Guidelines recommend that 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. The clinical notes did not indicate activities of daily living, any adverse side effects, or aberrant drug taking behavior. The request did not address frequency. As such, the request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary.

**Terocin Patch qty.30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that Terocin patches are not indicated. The injured worker did not have neuropathic pain. The request did not indicate the frequency or the dosage. As such, the request for Terocin Patch qty.30 is not medically necessary.