

Case Number:	CM14-0043290		
Date Assigned:	07/02/2014	Date of Injury:	01/23/2013
Decision Date:	09/11/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was cumulatively injured up until 1/23/2013. He was diagnosed with lumbar discopathy with intermittent right-sided sciatica, internal derangement of bilateral knees, and internal derangement of left shoulder. He also has a significant medical history of diabetes mellitus with diabetic neuropathy and hypertension. He was treated with physical therapy and injections. On 2/24/14, he was seen by an orthopedist complaining of constant left shoulder pain, intermittent bilateral knee pain, and constant low back pain with radiation of pain/tingling/numbness into the lower extremities. Physical examination revealed tenderness of the lumbar region, seated nerve root test positive, dysesthesia in L5-S1 dermatomal pattern, tenderness of left shoulder, no instability of left rotator cuff, tenderness of bilateral knees, no instability of knees, and patellar grind test positive. Afterwards, the worker was recommended medications, which were not attempted previously according to the notes reviewed, including naproxen, cyclobenzaprine, omeprazole, ondansetron, tramadol, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hcl 7.5mg tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Anti-spasticity/Antispasmodic drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure Summary last updated 01/07/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain but provides no benefit beyond non-steroidal anti-inflammatory drug (NSAID) use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the use of muscle relaxants might have been considered if there was evidence of an acute flare-up of his pain and if the request was for a shorter duration of use than the current request (#120). Therefore, the cyclobenzaprine is not medically necessary.

Ondansetron ODT 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-TWC Pain Procedure Summary last updated 01/07/2014.

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

Decision rationale: The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting. Ondansetron is secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, he did not report any nausea that might require a medication of this type. Also, as stated above, Zofran is not recommended by the MTUS. Therefore, the ondansetron is not medically necessary.

Tramadol Hcl 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 Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should

be no likelihood of abuse or observed outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, tramadol was requested; however, there was no evidence of all of these preliminary criteria being fulfilled prior to the request. Therefore, the tramadol 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 Lidoderm; Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: Terocin is a combination medication patch which includes lidocaine and menthol. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants, or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was evidence of neuropathic pain warranting medication. However, there was no evidence of the worker having first tried and failed first-line treatment medications for neuropathic pain in order to warrant a lidocaine patch, which is second-line treatment. Therefore, the Terocin patch is not medically necessary.