

Case Number:	CM14-0049737		
Date Assigned:	07/07/2014	Date of Injury:	04/05/2005
Decision Date:	09/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

This is a 63 year old female patient who reported an industrial injury to the neck and BUEs on 3/3/2008, over six (6) years ago, attributed to the performance of her job tasks reported as cumulative trauma. The patient complained of neck pain with no radiation, numbness and weakness in both hands, bilateral wrist, elbow and right shoulder pain, back pain that radiated to the right foot, numbness in both feet, bilateral hip knee and ankle pain with difficulty walking due to pain. The patient was noted to be status post bilateral carpal tunnel release and bilateral arthroscopic knee surgery. The objective findings on examination included restricted range of motion of the cervical spine; motor strength in all muscle groups 5/5; sensation is grossly intact; DTRs normal and symmetrical; scar noted to bilateral wrists; range of motion lumbar spine restricted; motor strength in all major muscle groups 5/5; sensation normal; deep tendon reflexes normal and symmetrical. Electrodiagnostic studies dated 12/5/2013 documented evidence of mild bilateral carpal tunnel syndrome; no ulnar neuropathy; no evidence of acute cervical or lumbar radiculopathy noted; no entrapment neuropathy in the bilateral lower extremities. The treating diagnoses included status post C-3 to C7 hybrid reconstruction; bilateral lateral epicondylitis; status post bilateral carpal tunnel releases with recurrent carpal tunnel syndrome; lumbar discopathy with radiculitis; status post left knee arthroscopic surgery times two with degenerative joint disease; right knee internal derangement with degenerative joint disease; right lower extremity deep vein thrombosis. The patient is prescribed cyclobenzaprine 7.5 mg #120; Ondansetron 8 mg #30; Omeprazole 20 mg #120; tramadol ER 150 mg #90; and Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxant, muscle relaxants for pain Page(s): 128, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine.

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 7.5 mg #120 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck, back, and knee pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg #120 for the effects of the industrial injury.

Ondansetron 8mg #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine.

Decision rationale: The treating provider provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of

Ondansetron for episodes of nausea and vomiting allegedly due to the side effects of medications is not supported with objective evidence. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects prescribed for the course of treatment. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications or from SCS use. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for the prescribed Ondansetron 8 mg #60. Zofran: (Ondansetron) is a serotonin 5-HT₃ receptor antagonist used mainly as an antiemetic to treat nausea and vomiting, often following chemotherapy. Its effects are thought to be on both peripheral and central nerves. Ondansetron reduces the activity of the vagus nerve, which deactivates the vomiting center in the medulla oblongata, also blocks serotonin receptors in the chemoreceptor trigger zone. It has little effect on vomiting caused by motion sickness, and does not have any effect on dopamine receptors or muscarinic receptors.

Omeprazole 20mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with the prescribed medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI

upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #120. There is no documented functional improvement with the prescribed omeprazole.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids.

Decision rationale: The prescription for Tramadol 150 mg #90 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic mechanical back pain, neck pain, and bilateral knee pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for neck, back, and knee pain. The chronic use of Tramadol is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic mechanical back, neck, and knee pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have

been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Tramadol ER. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Tramadol ER is not demonstrated to be medically necessary. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol 150 mg #90 as prescribed to the patient is demonstrated to be not 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 - Treatment in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical salicylate; topical analgesics; anti-inflammatory medications Page(s): 105, 111-113 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain salicylate topicals.

Decision rationale: The prescription for Terocin patches is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical patches for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical NSAID medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Terocin patches is not medically necessary for the treatment of the patient for the diagnosis of chronic neck, back, and UE pain. The patient is 6 years s/p DOI and has exceeded the time period recommended for topical treatment. There are alternatives available OTC for the prescribed topical analgesics. The volume applied and the times per day that the patches are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription for Terocin patches is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin patches is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical

NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain. There is no documented medical necessity for the prescribed Terocin patches for the effects of the industrial injury.