MAXIMUS Federal Services

Case Number:	CM14-0051365		
Date Assigned:	07/11/2014	Date of Injury:	07/10/2013
Decision Date:	10/01/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 patient is a 46-year-old male who has submitted a claim for cervical sprain and strain and cervical radicular syndrome associated with an industrial injury date of 07/10/2013.Medical records from 08/14/2013 to 04/03/2014 were reviewed and showed that patient complained of neck pain (pain scale grade not specified) radiating down bilateral upper extremities. Pain was aggravated by prolonged sitting and driving. Physical examination (12/17/2013) revealed restricted cervical ROM, spasm of trapezius and rhomboids, hyporeflexia of right biceps, intact sensation and MMT of upper extremities, and positive Spurling's test on the right. X-ray of the cervical spine (date unavailable) revealed old compression fracture at level of C7. Of note, there was no complaint of nausea or vomiting.Treatment to date has included Cyclobenzaprine HCl 7.5mg #120 (prescribed 04/03/2014), Ondansetron ODT 80 mg #60 (prescribed 04/03/2014), Tramadol HCl ER 150mg #90 (prescribed 04/03/2014), Tercoin patch #10 (prescribed 04/03/2014), Sumatriptan Succinate, Quazepam, Ketoprofen, and Naproxen. Of note, there was no documentation of functional outcome from use of medications. Ondansetron was prescribed to counteract possible side effect of Cyclobenzaprine and other medications (04/03/2014).The Utilization review dated 04/09/2014 denied the request for Cyclobenzaprine HCl 7.5mg #120 because there was no documentation of muscle spasm. Utilization review dated 04/09/2014 denied the request for Ondansetron ODT 80mg #60 because there was no documentation of complaints of nausea and vomiting. Utilization review dated 04/09/2014 denied the request for Tramadol HCl ER 150mg #90 because there was no documentation of pain relief, functional improvement, urine drug reviews, or absence aberrant drug-taking behavior as recommended by the guidelines for opioid use monitoring. Utilization review dated 04/09/2014 denied the request for Terocin Patch #10 because there was no documentation of failed trials of first-line recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, there was no prior intake of cyclobenzaprine. Physical examination showed muscle spasm of trapezius and rhomboids. Guideline criteria were met. Therefore the request for Cyclobenzaprine HCl 7.5mg #120 is 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the patient was prescribed Ondansetron ODT 80 mg #60 since 04/03/2014. Ondansetron was prescribed to counteract possible side effect of Cyclobenzaprine and other medications (04/03/2014). The use of Ondansetron in this case is not in conjunction with guidelines recommendation. The guidelines state that ondansetron is indicated for nausea and vomiting caused by chemotherapy, radiation therapy, and surgery. Therefore, the request for Ondansetron ODT 8mg #60 is not medically necessary.

Tramadol HCL ER 150mg #90: Overturned

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.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, there was no prior use of tramadol. Patient complained of neck pain radiating down bilateral upper extremities, aggravated by prolonged sitting and driving. Symptoms persisted despite naproxen and ketoprofen use. Prescription of tramadol is a reasonable option at this time. Therefore, the request for Tramadol HCl ER 150mg #90 is medically necessary.

Terocin Patches #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patches Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient was prescribed Terocin patches #10 since 04/03/2014. However, there was no documentation of trial of first-line medications prior to Terocin patch use. Adjuvant therapy with lidocaine patch has not been established. Therefore, the request for Terocin patches #10 is not medically necessary.