

Case Number:	CM14-0053504		
Date Assigned:	08/08/2014	Date of Injury:	03/15/2007
Decision Date:	12/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 64 year old injured worker who sustained a work-related injury on March 15 2007. Subsequently, the patient developed a chronic neck and back pain. According to a progress report dated on February 13 2014, the patient was complaining of continuous neck pain radiating to both shoulders and back pain. The patient physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. The patient was diagnosed with s/p neck surgery, shoulder impingement syndrome, CTS (carpal tunnel syndrome) and lumbar pain. The provider requested authorization for following medications.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time

and prolonged use may cause dependence. The guidelines do not recommend use for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine HCL 7.5mg, #120 is not medically necessary.

Sumatriptan Succinate 25mg, #9 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Other Medical Treatment Guideline or Medical Evidence: "Sumatriptan succinate transdermal delivery systems for the treatment of migraine." J Pharm Sci 97(6): 2102-2109.

Decision rationale: Sumatriptan Succinate is a treatment for migraine headache. The patient's record did not document a clear history of headache or migraine induced and occurring during the course of her employment or prior to that. There is no recent documentation of migraine headaches. The patient has a history of headaches secondary to neck damage and not secondary to migraine, Sumatriptan is not recommended for the treatment of headache secondary to neck damage. Although MTUS guidelines are silent regarding the use of Sumatriptan Succinate, there is no specific documentation to support the need for this medication. The request is not medically necessary.

Ondansetron ODT 8mg, #30 x2 qty 60: Upheld

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

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: "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of chemotherapy medication induced nausea and vomiting. The adjustment of pain medications dosage could prevent nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8mg, #60 is not medically necessary.

Omeprazole DR 20mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that the patient is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole DR 20mg, prescription is not medically necessary.

Tramadol HCL ER 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol HCL ER 150mg, #90 is not medically necessary.

Terocin Patches qty 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed a neuropathic pain. Based on the above Terocin patches is not medically.