

Case Number:	CM14-0057349		
Date Assigned:	08/08/2014	Date of Injury:	04/16/2011
Decision Date:	11/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old male with an injury date of 04/16/2011. Based on the 03/07/2014 progress report, the patient complains of constant, severe neck and back pain. The 02/10/2014 report indicates that the patient has symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. There is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is pain with limited range of motion. Both the axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C5 and C6 dermatomes. Upon examination of the left shoulder, the patient has tenderness at the left shoulder anteriorly and pain with terminal motion. Upon examination of the lumbar spine, the patient has tenderness from the mid to distal lumbar segments and has pain with terminal motion. Seated nerve root test is positive, and the patient has also dysesthesia at the L5 and S1 dermatomes. The patient's diagnoses include cervical discopathy, lumbar discopathy, and status post left shoulder surgery with [REDACTED]. The utilization review determination being challenged is dated 03/25/2014. Treatment reports were provided from 01/10/2014 to 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen NA 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: MTUS Guidelines support the use of NSAIDs for chronic lower back pain. For medication use in chronic pain, MTUS Guidelines also report documentation of pain assessment and function as related to the medication use. In this case, there was no documentation or discussion mentioning what naproxen has done for the patient's pain and function. As such, the request is not medically necessary.

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to MTUS Guidelines, cyclobenzaprine are not recommended to be used for longer than 2 or 3 weeks. In this case, the physician does not mention when the patient began taking cyclobenzaprine HCL, nor is there any discussion provided as to what cyclobenzaprine has done for the patient. As such, the request is not medically necessary.

Sumatriptan Succinate 25mg #18: 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), Head Summary, Triptans

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

Decision rationale: ODG Guidelines state triptans are recommended for migraines sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. In this case, the patient does have symptomatology in the cervical spine with chronic headaches but does not present with a diagnosis of Migraines. As such, the request 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), Pain Procedure Summary, Antiemetics for Opioid Nausea.

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

Decision rationale: ODG Guidelines states antiemetics are not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. There is no discussion provided as to if the patient has been having nausea and vomiting or what the purpose of using this medication is. As such, the request is not medically necessary.

Omeprazole DR 20mg #120: Upheld

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

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

Decision rationale: The patient has been taking omeprazole as early as 01/29/13 and there was no discussion provided as to what omeprazole has done for the patient. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the physician has not documented any gastrointestinal symptoms for this patient. Routine use of PPIs for prophylaxis is not supported without GI assessment. As such, the request 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 Medications for chronic pain Page(s): 60, 61.

Decision rationale: None of the reports provided discussed what tramadol has done for the patient's pain or function. MTUS Guidelines state pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the physician does not provide any discussion regarding how tramadol has affected the patient's activities of daily living, adverse side effects, adverse behavior, nor are there any pain scales provided. As such, the request is not medically necessary.

Terocin Patch #30:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

Decision rationale: Terocin patches are dermal patches with 4% lidocaine, and 4% menthol. Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this case, while the patient does have cervical spine pain, lumbar spine pain, tension between the shoulder blades, and left shoulder pain, there is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral, localized neuropathic pain, the indication for lidocaine patches. As such, the request is not medically necessary.