

Case Number:	CM14-0058254		
Date Assigned:	07/11/2014	Date of Injury:	02/16/2007
Decision Date:	09/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 55-year-old female who reported an industrial injury on 2/16/2007, seven (7) years ago, attributed to the performance of her customary job tasks. The patient complains of neck, upper extremity, and back pain. The patient is being treated for chronic pain and the diagnoses of L4-L5 segmental instability; L5-S1 HNP with radiculitis; right brachial hand subluxation, and s/p anterior cervical discectomy with total disk replacement during 8/2008. The treatment plan for the patient included prows second 20 mg Q 12 hours PRN; Zofran ODT 8 mg PRN; Flexeril 7.5 mg Q8 hours PRN; tramadol ER 150 mg one per day for pain PRN; Imitrex 25 mg no more than for a day for migraine headaches; Terocin patch q hs PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain and 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 for the medications prescribed including Naproxen. 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 documented to be taking Naproxen. 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/Prilosec 20 mg #60. There is no documented functional improvement with the prescribed omeprazole.

Zofran ODT 8mg: Upheld

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

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) Section Pain Chapter opioids; Ondansetron.

Decision rationale: The requesting treating physician provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of Zofran for episodes of nausea and vomiting allegedly due to the prescribed medications is not medically necessary. Ondansetron 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. Zofran is specifically not recommended for the treatment of nausea and vomiting due to chronic opioid use. There is no documentation of any medication 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 in pain management. 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.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 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 tid prn 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 back and neck 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 tid prn for the effects of the industrial injury.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Opioids for chronic 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/ Ultram ER 150 mg prn for long acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic neck and back pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back or cervical spine. 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 mechanical neck and back 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 neck and back pain. There is no demonstrated evidence that the patient has returned to work and is functional on opioids; has any form of functional improvement with ADLs; or is unable function without the prescription of opioids. 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 prn as prescribed to the patient is demonstrated to be not medically necessary.

Imitrex 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Triptans.

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 patient was prescribed Imitrex (Sumatriptan Succinate) 25 mg # unspecified for migraine headaches that were not demonstrated to be effects of the industrial injury. There is no rationale supported with objective evidence by the requesting physician to support medical necessity for the effects of industrial injury. There was no provided nexus for the diagnosed headaches to the cited mechanism of injury. The use of Imitrex (Sumatriptan Succinate) is for migraine headaches that are vascular headaches. The treatment of migraine headaches with Imitrex (Sumatriptan Succinate) was not supported with objective evidence and not demonstrated to be medically necessary for the treatment of the industrial injury. Migraine headaches are believed to result from dilatation of blood vessels in the brain. Sumatriptan relieves migraines by stimulating serotonin receptors in the brain which cause the muscles surrounding the blood vessels in the brain to contract and narrow the blood vessels. At the same time, it also reduces transmission of pain signals by nerves to the brain. While it is very effective in relieving migraine headaches, it does not prevent or reduce the number of headaches. The treating physician has prescribed Sumatriptan for Migraine Headaches. There is no evidence that headaches due to the reported cervical spine/neck pathology are vascular headaches, migraine

headaches or migraine-like headaches. Migraine headaches are not accepted as part of this industrial injury. The patient is described as having reported headaches related to the cervical spine surgical procedure. There are no objective findings consistent with migraine headaches. Imitrex (Sumatriptan Succinate) is belongs to the family of drugs known as a serotonin (or 5HT) agonist agent and commonly used for the treatment or prevention of the symptoms of migraine attacks. Imitrex (Sumatriptan Succinate) is works by stimulating serotonin (5HT) receptors in the brain. Imitrex (Sumatriptan Succinate) is useful for the treatment or relief of symptoms of migraine attacks or headache. A migraine headache is a form of vascular headache. A migraine is a throbbing, intense headache in one half of the head. It can affect people of all ages. The cause of migraine is not fully understood. Migraine headache is caused by a combination of vasodilatation or enlargement of blood vessels and the release of chemicals from nerve fibers that coil around the blood vessels but migraine is still a condition that is poorly understood. Imitrex (Sumatriptan Succinate) is belongs to the family of drugs known as a serotonin (or 5HT) agonist agent and commonly used for the treatment or prevention of the symptoms of migraine attacks. Imitrex (Sumatriptan Succinate)/Sumatriptan is works by stimulating serotonin (5HT) receptors in the brain. Serotonin is a natural substance in the brain that, among other things, causes blood vessels in the brain to narrow. Imitrex (Sumatriptan Succinate) mimics this action of serotonin by directly stimulating the serotonin receptors in the brain that causes the blood vessels to narrow. The cause of migraine attacks is not fully understood, it is thought that due to the widening of blood vessels in the brain causes the pain linked with migraine attacks. Imitrex (Sumatriptan Succinate) narrows these blood vessels and relieves the pain of migraine headaches. The requesting physician has provided no rationale for the prescription of Imitrex (Sumatriptan Succinate) or provided a nexus to the cited mechanism of injury. There is no evidence that migraine headaches are part of the industrial injury. There is no provided rationale to support medical necessity for the prescribed Sumatriptan for the effects of the industrial injury. There is no demonstrated medical necessity for the use of Imitrex for the effects of the industrial injury and there is no rationale supported with objective evidence by the treating physician to demonstrate medical necessity. There is no demonstrated functional improvement and no establish reduction in pain levels.

Terocin Patch: Upheld

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

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 back pain. The patient is seven (7) years 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 neck and back pain. There is no documented medical necessity for the prescribed Terocin patches for the effects of the industrial injury.