

Case Number:	CM14-0058423		
Date Assigned:	07/09/2014	Date of Injury:	10/18/2012
Decision Date:	08/19/2014	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 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 62-year-old woman who sustained a work related injury on October 18, 2012. Subsequently, she developed chronic low back pain that radiates to the lower extremities. According to the progress note dated March 4, 2014, the patient has been complaining of frequent low back pain. Her physical examination demonstrated tenderness and spasm in the lumbar spine and decreased range of motion. Straight leg Raise test is positive. The most recent report prior to this was dated December 17, 2013 in which the patient reported symptomatology in the lumbar spine and cervical spine. Physical examination revealed tenderness and spasm in the cervical paravertebral musculature and upper trapezii. Axial loading compression test and Spurling's test were positive. Cervical ranges of motion were painful and restricted. There was dysesthesia over the C5-C7 dermatomes. There was tenderness in the mid to distal lumbar segments and pain with terminal motion. Seated nerve root test was positive and dysesthesia was noted over the L5 and S1 dermatomes. UDS (Urine Drug Screen) performed on July 23, 2013 was negative for all substances tested. There was no medication list included and it is not known if the patient was prescribed any medications at that time. A progress report dated May 7, 2103 indicated the patient as given Naproxen, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, and Medrox ointment. The patient was diagnosed with lumbosacral herniated nucleus pulposus radiculitis. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 500mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, nonselective NSAIDS section, Naproxen is indicated for pain management of chronic neck or back pain. According to the patient file, and although it is not clearly established when this medication was started, the patient was prescribed at least since 2013. There is no documentation of pain reduction or functional improvement with prior use Naproxen. There is no documentation of improvement of activity of daily living. The long term use of Naproxen may expose of GI and cardiovascular side effects. Therefore, the prescription of Naproxen Sodium tablets 500mg # 100 is not medically necessary.

Cyclobenzaprine hydrocodone tablets 7.5mg #120: Upheld

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

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 relaxants 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 being used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was used at least since 2013 without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is not medically necessary.

Ondanestron ODT 8mg #30 with 2 refills: 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 Other Medical Treatment Guideline or Medical Evidence: Moon, Y. E., et al. (2012). "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 medication induced nausea and vomiting. Therefore, the prescription of Ondanestron ODT 8mg #30 is not medically necessary.

Omeprazole delayed-release capsules 20mg #120: Upheld

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

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 more than 65 years; (2) history of peptic ulcer, GI (Gastrointestinal) bleeding or perforation; (3) concurrent use of ASA (Acetylsalicylic Acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-Steroid Anti-Inflammatory Drugs (NSAIDs) (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 is taking NSAID or has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the request of Omeprazole delayed-release capsules 20mg #120 is not medically necessary and appropriate.

Terocin patch , #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

Decision rationale: Terocin patche 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 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. Based on the above, the request for Terocin patch #30 is not medically necessary and appropriate.