

Case Number:	CM14-0059390		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2009
Decision Date:	12/03/2014	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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 41 year old female who was injured on 6/29/2009. The diagnoses are lumbago, low back pain, right carpal tunnel syndrome, cervical spine pain and severe headache. [REDACTED] noted objective findings of positive Spurling test, positive straight leg raising test and decreased range of motion of the lumbar spine. There is sensory loss in L5 and S1 dermatomes. The medications are naproxen and tramadol for pain and cyclobenzaprine for muscle spasm. The handwritten clinical notes are illegible. A Utilization Review determination was rendered on 4/17/2014 recommending partial certification for cyclobenzaprine 7.5mg #120 and tramadol 150mg #90, non certification for ondansetron 8mg #60 and Terocin patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Pai Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short periods during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction, and adverse effects with opioids and other sedatives. The records indicate that the patient was utilizing cyclobenzaprine for more than 12 months longer than the recommended maximum period of 4 weeks. The patient is also utilizing opioid medications. The criteria for the use of cyclobenzaprine 7.5mg # 120 was not met.

Ondansetron 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) Treatment in Workers Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines do not recommend the chronic use of antiemetic for the treatment of opioid induced nausea and vomiting. The nausea cause by the chronic use of opioids is self limiting and also resolves with dose reduction or opioid rotation. Ondansetron is FDA approved for the short term treatment of nausea and vomiting associated with chemotherapy and perioperative medications. The records did not show that the ondansetron is being utilized for short term treatment of nausea. The criteria for the use of ondansetron 8mg #60 was not met.

Tramadol 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 Page(s): 74-96, 111,113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT has failed. The use of tramadol is associated with less opioid induced addiction, sedation and dependency than pur opioid agonists. The records indicate that the patient have completed PT and treatment with NSAIDs. There is no documented aberrant drug behavior or adverse drug effects. The criteria for the use of tramadol 150mg #90 was met.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparation may be utilized in the treatment of localized pain when treatment with first line medication such as NSAIDs, antidepressant and anticonvulsant medications. It is recommended that topical medications be utilized and evaluated individually. The Terocin patch contains methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. The records did not show that the patient could not tolerate or have failed first line medications. There is lack of guideline or FDA support for the chronic use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch was not met.