

Case Number:	CM14-0060400		
Date Assigned:	08/08/2014	Date of Injury:	01/05/2013
Decision Date:	09/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/01/2014

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 64 year-old male with a date of injury of 1/5/13. The listed diagnoses per [REDACTED] are Cervical/lumbar discopathy, Carpal tunnel/double crush syndrome, Rule out internal derangement, bilateral shoulders, Plantar fasciitis and Left ulnar neuropathy at the wrist. According to progress report 2/24/14, the patient presents with pain in the cervical and lumbar spine and headaches/migraines. Examination of the cervical spine revealed tenderness and spasm in the cervical paravertebral and upper trapezius muscles. Axial loading compression test and Spurling's test are positive. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments, limited lumbar motion and positive seated nerve root test. Recommendation was for patient to continue meds. Report 3/24/14 notes patient has constant neck and low back pain with radiculopathy. Examination was same as last visit. The provider recommends patients continue physical therapy and medications. The request is for medications Naproxen Sodium 55 mg #100, Cyclobenzaprine 7.5mg #120, Ondansetron 8mg #30, Omeprazole 8mg #30, Tramadol ER 150mg #90 and Terocin patch #10. Utilization review denied the request on 4/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,61 67,68.

Decision rationale: This patient presents with residual symptomatology of the cervical spine and lumbar spine with headaches and migraines. This is a request for naproxen sodium tablets 550 mg #100. The medical file provided for review includes progress reports from 01/13/2014 through 05/19/2014 and an AME report from 04/02/2014. The progress reports do not provide a discussion regarding this medication. Each report indicates medications were refilled but does not specify which medications. For anti-inflammatory medications, the MTUS Guidelines page 22 has the following, "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the medical records do not establish when this medication was started. The provider in his progress report 01/13/2014 through 05/19/2014 indicates medications were refilled. The MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given there are no discussion of efficacy of this medication, the request is not medically necessary.

Cyclobenzaprine hydrochlorido 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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with residual symptomatology in the cervical and lumbar spine with headaches and migraine. The request is for cyclobenzaprine hydrochlorothiazide tablets 7.5 mg #120. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." Medical file provided for review does not discuss this medication. Therefore, it is unclear as to when it was initiated. Progress report starting from 01/13/2014, which is the earliest progress report provided for review indicates, Medications were refilled. In this case, the provider has prescribed cyclobenzaprine for long-term use. The requested Cyclobenzaprine #120 is not medically necessary.

Ondansetron ODT tablets 8mg #30 x2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron (Zofran®) Antiemetics for opioid nausea.

Decision rationale: This patient presents with residual symptomatology in the cervical and lumbar spine with headaches and migraines. The request is for ondansetron ODT tablets 8 mg #30 x2 refills. The MTUS and ACOEM Guidelines do not discuss Zofran, however, ODG Guidelines has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug 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." It is unclear as to why the provider is prescribing this medication as there are no discussions in the reports from 01/13/2014 through 05/19/2014 regarding this medication. It appears the provider is prescribing this medication for patient's headache or nausea caused by medication intake. The ODG Guidelines do not support the use of ondansetron for medication-induced nausea. Therefore, the request is not medically necessary.

Omeprazole delayed-release capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with residual symptomatology in the cervical and lumbar spine with headaches and migraines. The request is for omeprazole delayed-release capsules 20 mg #120. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The provider is prescribing this medication with Naproxen, but does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Therefore, the request is not medically necessary.

Tramadol hydrochloride 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 on Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with residual symptomatology in the cervical and lumbar spine with headaches and migraines. The request is for tramadol hydrochloride ER 150 mg #90. Utilization review modified the certification from the requested #90 to #30 to "allow for documentation of the missing criteria and for tapering prior to discontinuation of the medication." MTUS guideline pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and

norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Progress reports 01/13/2014 through 05/19/2014 indicate medications were refilled. However, the provider does not provide specifics regarding analgesia or ADL is as required by MTUS. No numerical scales are used as required by MTUS 98 regarding outcome measures. Given the lack of sufficient documentation, the request is not medically necessary.

Terocin patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with residual symptomatology in the cervical and lumbar spine with headaches and migraines. The request is for Terocin patches, quantity 10. Utilization review denied the request stating medical records do not provide documentation of failure of trials of oral analgesics such as antidepressants or anticonvulsants. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. The FDA for neuropathic pain has designed topical lidocaine in the formulation of a dermal patch for orphan status. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The provider appears to be using the patches for the patient's musculoskeletal pain, which is not supported by the guidelines. The requested Terocin patches are not medically necessary.

