MAXIMUS Federal Services

Case Number:	CM14-0060729		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2013
Decision Date:	10/23/2014	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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported a repetitive strain injury on 04/22/2013. The current diagnoses include lumbar disc disorder, cervicalgia, and lumbago. Previous conservative treatment was noted to include activity modification, medication management, and physical therapy. The injured worker was evaluated on 07/28/2014 with complaints of persistent pain in the cervical spine with activity limitations. The injured worker also reported radiation into the upper extremities and associated migraine headaches. The physical examination revealed limited cervical range of motion, paravertebral muscle tenderness with spasm, positive axial loading compression testing, numbness into the anterolateral shoulder and arm, normal motor strength in the upper extremities, tenderness with spasm in the lumbar spine, positive nerve root testing, guarding, restricted range of motion of the lumbar spine, numbness and tingling in the L5-S1 dermatome, and diminished motor strength in the lower extremities. The treatment recommendations at that time included a refill of the current medication regimen, chiropractic treatment, and a lumbar epidural steroid injection. A previous Request for Authorization form was submitted on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for the short treatment of acute exacerbations. The injured worker has continuously utilized this medication since 06/2013 without any evidence of objective functional improvement. The injured worker continues to demonstrate palpable muscle spasm. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Sumatriptan Succinate 2.5 mg #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 procedure summary

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

Decision rationale: The Official Disability Guidelines state Triptans are recommended for migraine sufferers. As per the documentation submitted, the injured worker has continuously utilized this medication for an unknown duration. Despite the ongoing use, the injured worker continues to present with complaints of migraine headaches. There was no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.

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

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

Decision rationale: The Official Disability Guidelines state Ondansetron is not recommend for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The medical necessity for the requested medication has not been established. There was also no frequency listed in the request. 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 06/2013. There was no documentation of objective functional improvement. Therefore, the ongoing use cannot be determined as medically appropriate. There was also no frequency listed in the request. As such, the request is not medically appropriate.

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 rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There was also no frequency listed in the request. As such, the request is not medically appropriate.