

Case Number:	CM14-0061105		
Date Assigned:	07/09/2014	Date of Injury:	07/06/2006
Decision Date:	10/01/2014	UR Denial Date:	04/21/2014
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 Management and is licensed to practice in Texas & 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 56-year-old female who reported an injury on 07/06/2006. Mechanism of injury was not submitted in report. The injured worker has diagnoses of status post C3-4 cervical total disc replacement, bilateral shoulder internal derangement, carpal tunnel/double crush syndrome, and lumbar discopathy with radiculitis. Past medical treatment consists of acupuncture, physical therapy, and medication therapy. Medications include cyclobenzaprine, Ondansetron, tramadol, and Terocin patches. There is no urinalysis or drug screen submitted for review. The injured worker underwent cervical total disc displacement and anterior cervical discectomy and fusion. On 03/03/2014, the injured worker complained of cervical spine pain. Physical examination of the cervical spine revealed that there was tenderness at the cervicodorsal paravertebral muscles. There was pain with terminal motion. There was spasm noted, as well. The injured worker showed limited cervical range of motion. Examination of the right shoulder revealed that there was tenderness around the anterior glenohumeral region and subacromial space. This was most pronounced on the lateral aspect with positive Hawkins and impingement sign. Examination of the left shoulder revealed that there was tenderness at the acromioclavicular joint and subacromial space. There was a positive Hawkins and impingement sign. The examination also revealed pain with terminal motion and limited shoulder motion. Examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles. There was pain with terminal motion. There was a positive seated nerve root test. The exam also revealed that the injured worker had dysesthesias at the L5-S1 dermatomes. The treatment plan is for the injured worker to have an additional MRI done. The injured worker was also advised to continue strengthening exercises, along with bracing and the use of her medications which include cyclobenzaprine, Ondansetron, Tramadol, and Terocin patches. Provider feels that with the

continuation of this, the injured worker would have symptomatic relief. The Request for Authorization form was not submitted for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41.

Decision rationale: The request for Cyclobenzaprine 7.5 is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option for short course therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter course may be better. Treatment should be brief. The request is for Cyclobenzaprine 7.5 mg with a quantity request of 120 which exceeds the guideline's recommendation of short term use therapy. The provided medical record lacked any documentation of significant objective functional improvement with the medication. Furthermore, the submitted report also lacked the efficacy of the medication. As such, the request for Cyclobenzaprine 7.5 one hundred and twenty is not medically necessary.

Ondansetron ODT 8mg #30 times 2: 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 Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Ondansetron is not medically necessary. ODG states that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short term duration (less than 4 weeks) and have limited application to long term use. Given the above, the injured worker is not within the ODG. The submitted report lacked any indication that the injured worker was suffering from nausea. Furthermore, there was no indication in the submitted report as to how long the injured worker had been taking Ondansetron. Additionally, the request as submitted did not indicate a duration of the medication. The medical necessity of the Ondansetron is unclear. As such, the request for Ondansetron (Zofran) is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol ER 150 mg is not medically necessary. The California MTUS state central analgesics, drugs such as Tramadol, are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. California MTUS Guidelines also indicate that there should be use of drug screening or urinalysis for injured workers with documented issues of abuse, addiction, or poor pain control. Given the above, the injured worker is not within the MTUS Guideline recommendations. Submitted report lacked any indication of what the efficacy of the medication was. Additionally, the documentation submitted for review did not indicate if the Tramadol was helping the injured worker with any functional deficits. Furthermore, there were no urinalysis or drug screens submitted for review showing that the injured worker was in compliance with the MTUS Guidelines. As such, the request for Tramadol ER 150 mg is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Terocin), Page(s): 112.

Decision rationale: The request for Terocin patches is not medically necessary. The California MTUS state Lidocaine is a transdermal application that is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as a tricyclic or SNRI antidepressants or an AED, such as Gabapentin or Lyrica. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritic. In 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of the substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Only FDA approved products are currently recommended. The guidelines state that Lidocaine is recommended for localized peripheral pain; however, there was no documentation submitted in the report that the injured worker had such pain. The submitted report also lacked any evidence of the injured worker's pain levels. Furthermore, there was no evidence submitted in the report showing that the injured worker had trialed and failed any first line therapy, such as tricyclic or SNRI antidepressants or AEDs, such as Gabapentin or Lyrica. The efficacy of the medication was not provided to support continuation and the request as submitted did not include a

frequency or duration of medication. As such, the request for Terocin patches is not medically necessary.