

Case Number:	CM14-0062471		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2012
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 03/14/2012. The mechanism of injury was lifting. His diagnoses include cervical/lumbar discopathy and cervicalgia. His previous treatments included medications, physical therapy, activity modification, and injections. Per the clinical note dated 03/04/2014, the injured worker had complaints of constant low back pain rated at 4-9/10, neck pain at 4-8/10, right shoulder pain 3-10/10, and left ankle pain 2-9/10, and bilateral wrist and hand pain rated at a 2-8/10. He also reported muscle spasms involving his neck, back, and right shoulder. He reported his medications included Percocet, Flexeril, Protonix, Zoloft, and Xanax. Per the clinical note dated 04/15/2014, the physician reported the injured worker had chronic symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. He also had chronic pain with extension into his lower extremities with neural compromises and weakness (foot drop). The physician reported the injured worker had failed all conservative measures, which included activity modification, physical therapy, and pain management, as well as lumbar epidural block and cervical epidural injections. The physician indicated the injured worker was considered a surgical candidate; however, he would like to update the injured worker's diagnostic studies including other scans that could be available for possible surgical intervention. The physician also reported that the injured worker would benefit from the use of pharmacological agents of oral medications to help with temporary symptomatic relief, allowing for continued function on a daily basis, including performance of all activities of daily living. The current request is for Tramadol Hydrochloride ER 150 mg, #90; Cyclobenzaprine Hydrochloride tablets 7.5 mg, #120; Ondansetron ODT tablets 8 mg, #30 x2, quantity 60; and Terocin Patch, quantity 30. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, Opioids for Chronic Pain in General Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for Tramadol Hydrochloride ER 150 mg, #90, is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extend of pain relief, functional status in regard to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated the injured worker had complaints of chronic pain to the cervical spine, lumbar spine, bilateral shoulders and wrists. However, the documentation failed to provide a pain assessment with and without the use of medications, functional improvements made while taking the medication, pain relief, and adverse side effects. The documentation also failed to provide documentation to indicate if the injured worker had any aberrant drug behaviors or a report of a recent urine drug screen showing consistent results to verify appropriate medication use. In absence of a pain assessment, consistent results of a urine drug screen, and increased function with the use of medications, the criteria for ongoing use of opioid medication has not been met. The current request also failed to provide the frequency of the medication. As such, the request for Tramadol Hydrochloride ER 150 mg, #90, is not medically necessary.

Cyclobenzaprine Hydrochloride tables 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), Pain Procedure Summary last update 04/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63-64 Page(s): 63-64.

Decision rationale: The request for Cyclobenzaprine Hydrochloride tablets 7.5 mg, #120 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAID's in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and not recommended to be used for longer than 2 to 3 weeks. Per the clinical documentation,

the injured worker was noted to have spasms in the cervical and lumbar region; however, there was no documentation to indicate if the Cyclobenzaprine was effective in helping to relieve the muscle spasms. The documentation was also unclear to indicate the timeframe the injured worker had been prescribed the medication. Due to the absence of the efficacy of the medication, and the timeframe the medication has been provided, the request would not be medically necessary. The request also failed to provide the frequency that the medication was to be administered. As such, the request for Cyclobenzaprine Hydrochloride tablets 7.5 mg, #120 is not medically necessary.

Ondansetron ODT tablets 8mg, #30 x 2 QTY: 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 last updated 04/10/2014, Antiemetics (for opioid nausea) Official Disability Guidelines (ODG), Pain Procedure Summary last updated 04/10/2014, Ondansetron (Zofran) Mosby's Drug Consult, Zofran/Ondansetron.

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 ODT tablets 8 mg, #30 x2, quantity 60, is not medical necessary. The Official Disability Guidelines state Ondansetron ODT tablets (Zofran) are not recommended for nausea and vomiting secondary to chronic opioid use. The clinical documentation provided indicated the injured worker was prescribed opioid medication for pain relief. However, the guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. Therefore, the request would not be supported. As such, the request for Ondansetron ODT tablets 8 mg, #30 x2, quantity 60, is not medically necessary.

Terocin Patch QTY: 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 Topical Salicylate, page 105, Topical Analgesic, page 111-112 Page(s): 111-112.

Decision rationale: The request for Terocin Patches, quantity 30, is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Terocin patch ingredients include Menthol and Lidocaine. The California MTUS Guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy, including tricyclic or SNRI antidepressants or an Antiepilepsy(AED) such as Gabapentin or Lyrica. Topical Lidocaine, is recommended in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and there are no other commercially-approved topical formulations of Lidocaine whether creams, lotions, or gels. The clinical documentation provided indicated the injured worker continued to have chronic pain; however, there was no documentation that the pain was neuropathic pain or that he had failed trials of antidepressants and anticonvulsants to indicate why a patch would be required. The Terocin patch also includes Lidocaine as one of its ingredients, and Lidocaine is only recommended for use in the form of a Lidoderm patch after there has been a trial of first-line therapy. Therefore, as the documentation fails to provide information to indicate the injured worker had signs of neuropathic pain and as Lidocaine is not recommended for any use except in a Lidoderm patch, the request would not be supported. The request also failed to provide the body part the patch is to be applied, and the frequency. As such, the request for Terocin Patch, quantity 30, is not medically necessary.