MAXIMUS Federal Services

Case Number:	CM14-0062619		
Date Assigned:	07/11/2014	Date of Injury:	11/01/2007
Decision Date:	12/23/2014	UR Denial Date:	04/08/2014
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 & Rehabilitation and Pain Management, 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 55 year old female with an injury date on 11/01/2007. Based on the 01/30/2014 progress report provided by the treating physician, the diagnoses are: 1. Disc dis neck/not otherwise specified2. Cervical displacement3. Brachial Neuritis4. Postsurgical statesAccording to this report, the patient complains of "persistent pain of the neck that is aggravated with usual activities" and "persistent left upper extremity pain. The symptomatology in the patient's right upper extremity is essentially unchanged." Physical exam of the cervical spine, right shoulder, right upper extremities are "essentially unchanged." Exam of the left elbow indicates tenderness at the lateral epicondyle with minimal swelling. Cozen's test is positive. There is hypersensitivity at the left elbow medial aspect and pain with terminal flexion. The 03/31/2014 report indicates patient is "doing better and stated therapy. "There were no other significant findings noted on this report. The utilization review denied the request on 04/08/2014. The requesting provider provided treatment reports from 01/13/2014 to 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic; Anti-inflammatory medications; non-steroidal anti-inflammatory drugs .

Decision rationale: According to the 01/30/2014 report, this patient presents with "persistent pain of the neck" and "persistent left upper extremity pain. "The current request is for Naproxen 550mg #120, no refill. The MTUS Guidelines page22 reveal the following regarding NSAID's, "Anti-inflammatories 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." Review of reports show no mentions of Naproxen and it is unknown exactly when the patient initially started taking this medication. The treating physician does not discuss functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Recommendation is for denial.

Cyclobenzaprine 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014)

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

Decision rationale: According to the 01/30/2014 report, this patient presents with "persistent pain of the neck that is aggravated with usual activities" and "persistent left upper extremity pain. "The current request is for Cyclobenzaprine 7.5mg #120 no refill. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Cyclobenzaprine #120 and this medication is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation; therefore, recommendation is for denial.

Ondansetron ODT Tablets 8mg, #30x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter under antiemetics

Decision rationale: According to the 01/30/2014 report, this patient presents with "persistent pain of the neck that is aggravated with usual activities" and "persistent left upper extremity pain. "The current request is for Ondansetron ODT tablets 8mg #30x2 no refill. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These 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 four weeks)." Review of reports does not indicate the patient had surgery recently or is schedule to have surgery soon. Ondansetron is only recommended for post-op nausea per ODG. Recommendation is for denial.

Omeprazole 20mg, #120: Upheld

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

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

Decision rationale: According to the 01/30/2014 report, this patient presents with "persistent pain of the neck that is aggravated with usual activities" and "persistent left upper extremity pain. "The current request is for Omeprazole 20mg #120 no refill. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Review of reports show no mentions of Omeprazole and it is unknown exactly when the patient initially started taking this medication. The patient is currently on Naproxen and there is no mention that the patient has gastrointestinal side effects with medication use. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Recommendation is for denial.

Tramadol 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 Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60,61;76-78;88-8.

Decision rationale: According to the 01/30/2014 report, this patient presents with "persistent pain of the neck that is aggravated with usual activities" and "persistent left upper extremity pain. "The current request is for Tramadol 150mg #90 no refill but it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.

Terocin Patches, #30, no refill: 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 Cream Page(s): 111-113.

Decision rationale: According to the 01/30/2014 report, this patient presents with "persistent pain of the neck that is aggravated with usual activities" and "persistent left upper extremity pain. "The current request is for Terocin patches #30 no refill. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. Review of reports indicates that the patient has numbness of the upper and lower extremities indicated for neuropathic pain but are not localized. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case the treating physician has not documented that a trial of anti-depressants and anti-convulsion has failed, the location of trial of the Lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but for peripheral, localized neuropathic pain. Recommendation is for denial.