MAXIMUS Federal Services

Case Number:	CM14-0064014		
Date Assigned:	07/11/2014	Date of Injury:	03/19/2011
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 Pain Medicine 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:

This is a 58-year-old male who sustained a remote industrial injury on 03/19/11 diagnosed with cervical discopathy with radiculitis, status post L4-S1 posterior lumbar interbody fusion, status post removal of lumbar spinal hardware, internal derangement of bilateral hips, and sprain of bilateral ankles. Mechanism of injury is not specified in the provided documents. The request for Cyclobenzaprine Hydrochloride 7.5mg #120 was non-certified at utilization review due to the patient utilizing this medication longer than the recommended duration without the physician providing an end-plan or attempt at tapering. The request for Ondansetron ODT 8mg #30 x2 was also non-certified at utilization review due to the lack of documentation of ongoing complaints of nausea and vomiting. The request for Tramadol Hydrochloride ER 150mg #90 was non-certified at utilization review due to the lack of documentation of a current urine drug test, risk assessment profile, attempts at tapering, and an up-to-date pain contract. Lastly, the request for Terocin patch #30 was also non-certified at utilization review due to the lack of documentation of failed trials of first-line recommendations including oral antidepressants and anticonvulsants. The most recent progress note provided is 05/20/14. Patient complains primarily of residual symptomatology in the cervical spine, headaches, tension between the shoulder blades, and migraines. The patient also complains of hip and ankle pain that remains unchanged while the patient's low back pain has significantly improved after he underwent a lumbar fusion with removal of hardware. Physical exam findings reveal tenderness at the right side of the cervical paravertebral muscles and upper trapezial muscles with spasm; pain with terminal motion of the cervical and lumbar spine; tenderness at the anterolateral aspect of bilateral hips; pain with hip rotation bilaterally; tenderness at the anterior lateral aspect of bilateral ankles; and pain with terminal motion of bilateral ankles. Current medications listed on a previous progress note include: Naproxen Sodium 550mg #120, Cyclobenzaprine Hydrochloride 7.5mg #120,

Sumatriptan Succinate 25mg #9 x2, Ondansetron ODT 8mg #30 x2, Omeprazole 20mg #120, Tramadol Hydrochloride ER 150mg #90, and Terocin patch #30. The patient has been prescribed Cyclobenzaprine and Tramadol since at least November of 2013. It is noted that medications really help the patient. Provided documents include several previous progress reports and requests for authorizations. The patient's previous treatments are not thoroughly discussed. Imaging studies provided include an MRI of the cervical spine, performed on 05/07/14. The impression of this MRI reveals multilevel cervical spondylosis with junctional kyphotic deformity at the C3-7 levels and several disc and facet abnormalities with nerve root compromise. An MRI of the lumbar spine, performed on 05/05/14, is also included and reveals moderate levoscoliosis; a 3 mm anterolisthesis of L4 on L5; and several disc and facet abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 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, non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to MTUS guidelines on Cyclobenzaprine, "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better." In this case, provided documentation highlights the patient has been utilizing Cyclobenzaprine for at least 8 months and chronic use of a muscle relaxant is not supported by guidelines. Although the patient reportedly has muscle spasms, there is no documentation of significant functional benefit with the use of Cyclobenzaprine. Furthemore, the dosing frequency of this medication is not specified in the request. For these reasons, medical necessity is not established.

Ondansetron ODT 8mg, #30 x2: 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, antiemetics (for opioid nausea).

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 ODG guidelines state "Not recommended for nausea and vomiting secondary to chronic opioid use." Ondansetron is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Provided documentation does not identify the patient is undergoing chemotherapy, radiation therapy, or had a recent surgery.

There is also no indication that the patient is suffering from symptoms of nausea and vomiting. Furthemore, the dosing frequency of this medication is not specified in the request. As such, medical necessity is not supported.

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file or a urine drug screen performed to monitor compliance and screen for aberrant behavior. Furthemore, the dosing frequency of this medication is not specified in the request so the dosing of Tramadol cannot be compared to that recommended by guidelines. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines as medically necessary.

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 Topical Analgesics Page(s): 111-113.

Decision rationale: When assessing the medical necessity of topical medications, CA MTUS is utilized, which notes that topical application of medications is largely experimental. Terocin patches specifically contain Menthol and Lidocaine. According to MTUS, topical Lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The documentation does not describe the failure of readily available oral agents in the antidepressant, anti-epileptic, or non-steroidal anti-inflammatory class to support the medical necessity of the Terocin patches. Further, guidelines highlight that Lidoderm is the only commercially approved topical formulation of lidocaine. Lastly, the dosing frequency of this medication is not specified in the request. For these reasons, medical necessity is not supported.