

Case Number:	CM14-0064369		
Date Assigned:	07/11/2014	Date of Injury:	03/30/2012
Decision Date:	11/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and adjuvant medication. In a utilization review report dated April 10, 2014, the claims administrator approved a request for Naprosyn, partially approved a request for cyclobenzaprine, denied a request for ondansetron, approved a request for omeprazole, partially approved a request for tramadol, and denied a request for Terocin patches. The applicant's attorney subsequently appealed. In a January 17, 2013, progress note, the applicant was described as having persistent complaints of neck, elbow, and bilateral upper extremity pain. The applicant was reportedly using Neurontin for the same. The applicant's work status was not provided. In an August 20, 2014, medical-legal evaluation, it was noted that the applicant was off work, on total temporary disability, and had not worked since March 30, 2012. The applicant's medication list was not clearly furnished. In a handwritten note dated April 30, 2014, the applicant presented with persistent complaints of neck and low back pain. The applicant was asked to pursue a psychiatric evaluation. Unspecified medications were refilled, with no discussion of medication efficacy. The applicant was asked to start chiropractic manipulative therapy. In a July 3, 2014, progress note, the applicant reported 5/10 neck pain, exacerbated by lifting, pushing, pulling, and/or reaching. The applicant's work status was not furnished on this occasion. There was no explicit discussion of medication efficacy on this occasion, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director-Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Ondansetron ODT 8mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWCMosby's Durg Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had any recent surgery, underwent cancer chemotherapy, and/or radiation therapy. Continued usage of ondansetron, thus, amounts to non-FDA labeled usage. The attending provider has not, however, furnished any compelling applicant-specific rationale or medical evidence which would counter the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

Tramadol HCL ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter

1. Administrative Director-Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant continues to report fairly high levels of pain, consistently described as greater than 5/10, despite ongoing usage of tramadol. The applicant is having difficulty performing activities of daily living such as lifting, carrying, pushing, pulling, reaching overhead, despite ongoing usage of the same. The attending provider has failed to quantify any decrements in pain achieved as a result of ongoing tramadol usage. The attending provider, furthermore, has not explicitly discussed medication efficacy or medication selection in any of his progress notes, referenced above. Therefore, the request is not medically necessary.

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director-Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are deemed "largely experimental." In this case, the applicant has already received and used Terocin, despite the unfavorable MTUS position on the article at issue. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant is off work, on total temporary disability, and has apparently failed to return to work for what appears to be a span of two years, it was noted by a medical-legal evaluator in mid 2014. Ongoing usage of Terocin has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Terocin. Therefore, the request is not medically necessary.