

<b>Case Number:</b>	CM14-0065071		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Medicine and is licensed to practice in California and Washington. 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 62-year-old male who reported an injury on 08/13/2011. The mechanism of injury was not provided. On 01/27/2014, the injured worker presented with right shoulder pain. Upon examination of the right shoulder, there was tenderness of the right subacromial space and acromioclavicular joint with positive Hawkins and impingement sign. There was also pain with terminal motion. The lumbar spine examination noted tenderness from the mid to distal lumbar segment and pain with motion. There was positive seated nerve root test and dysesthesia at the L5-S1 dermatomes. Examination of the left hip noted tenderness of the left hip anterolateral aspect and pain with hip rotation. The diagnoses were right shoulder impingement syndrome with partial rotator cuff tear, lumbar discopathy, and rule out internal derangement of the left hip, cervicalgia, status post right knee surgery, and compensable left knee pain /internal derangement. Medications were not provided. The provider recommended Terocin patch, topical analgesics, Tramadol ER, Cyclobenzaprine, Omeprazole, and Ondansetron. The provider rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch Topical Analgesic For The Treatment Of Mild To Moderate Acute Or Chronic Aches Or Pain: 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.

**Decision rationale:** The request for a Terocin patch topical analgesic for the treatment of mild to moderate acute or chronic aches or pain is not medically necessary. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, tricyclic or SNRI, or antidepressant such as gabapentin and Lyrica. There is no other commercially approved topical formulation of lidocaine that would be indicated for neuropathic pain. California MTUS Guidelines recommend treatment with topical salicylates. Terocin patches are topical lidocaine and menthol. The provider's request does not indicate a dose, quantity, or frequency or the Terocin in the request as submitted. Additionally, the injured worker has been prescribed Terocin patch since at least 01/2014; the efficacy of the medication was not provided. As such, the request is not medically necessary.

**Tramadol ER 150mg #90 Once A Day As Needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Tramadol ER 150 mg #90 once a day as needed is not medically necessary. California MTUS Guidelines recommend the use of opioids for chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Tramadol since at least 01/2014; the efficacy of the medication was not provided. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5mg # 120 1 by mouth every 8 hours as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for Cyclobenzaprine 7.5 mg with a quantity of 120 by mouth every hour as needed is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option for short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Cyclobenzaprine 7.5 with a quantity of 120 exceeds the guideline recommendation of short-term therapy. The provided medical records lacked documentation of significant objective functional improvement with the use of this medication. Additionally, the injured worker has been prescribed Cyclobenzaprine since at least 01/2014; the efficacy of the medication was not provided. As such, the request is not medically necessary.

**Omeprazole 20mg 1 by mouth 12 hours, as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI( Proton pump Inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for Omeprazole 20 mg 1 by mouth 12 hours as needed is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy and for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The injured worker has been prescribed Omeprazole since at least 01/2014, the efficacy of the medication was not provided. Additionally, the documentation does not indicate that the injured worker is at moderate to high risk for gastrointestinal events. As such, the request is not medically necessary.

**Ondansetron 8 Mg Orally Disintegrating Tablet ,1 as needed:** 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 for Worker Compensations (ODG-TWC).

**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.

**Decision rationale:** The request for Ondansetron 8 mg orally disintegrating tablet, 1 as needed is not medically necessary. The guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated. As the guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. The injured worker has been prescribed Ondansetron since at

least 01/2014; the efficacy of the medication was not provided. As such, the request is not medically necessary.