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| <b>Case Number:</b>   | CM14-0065096 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 09/25/2012 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 04/17/2014 |
| <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 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 52-year-old female with a date of injury of September 25, 2011. The listed diagnoses per [REDACTED] are: cervical/lumbar discopathy, carpal tunnel/double crush syndrome, lumbar segmental instability and internal derangement of right shoulder. According to progress report March 4, 2014, the patient presents with continued pain in the right shoulder. The patient also has residual symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines with radicular pain component in the left upper extremity. The patient has undergone left cubital and carpal tunnel release in the past and has noticed significant improvement overall. On April 10, 2014, the treating physician submitted a request for authorization requesting tramadol ER 150 #90 for patient's acute severe pain, ondansetron 8 mg #30 for patient's nausea, cyclobenzaprine 7.5 mg #120 for muscle spasms, Terocin patch to assist the patient with treatment of mild to moderate aches and pain, and sumatriptan succinate tablets 25 mg #9 for onset of headaches. Utilization review denied the request on April 17, 2014.

### 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**Decision rationale:** The patient described acute severe pain on examination and reports he has benefited from a short course of this medication in the past. The treating physician states the use of this medication in the past has decreased similar acute flare ups with the patient demonstrating improvement in function. Utilization modified the certification from #90 to #30 to allow for the missing documentation or to initiate weaning. The California MTUS Guideline states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Review of progress reports from June 4, 2013 to April 10, 2014 does not provide any discussion of prior use of tramadol. Progress report March 4, 2014 does indicate the patient has trialed tramadol in the past with efficacy for acute flare ups. In this case, it appears the treater is trying to initiate a trial of Tramadol for patient's acute severe pain. The request is medically necessary.

**Ondansetron ODT tablets 8mg, # 30 times two, Quantity 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 Chapter (Anti-emetics).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zofran (Ondansetron).

**Decision rationale:** The treating physician requested Ondansetron 8 mg x2 #30 quantity 60 for patient's nausea as a side effect to cyclobenzaprine and other analgesic agents. It was stated that there is a known side effect of nausea associated with cyclobenzaprine which has been prescribed to this patient. The California MTUS and ACOEM Guidelines do not discuss Zofran, however, ODG Guidelines has the following regarding antiemetic, not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Zofran is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. The treating physician is prescribing this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of Ondansetron for medication-induced nausea. The request is not medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg # 120, one tablet every eight hours, not to exceed three per day.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** The California MTUS Guideline states Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use. In this case, the treating physician is requesting this medication for long-term use. The request is not 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.

**Decision rationale:** The California MTUS Guideline states under lidocaine, Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. In this case, the treating physician does not provide any discussion of the efficacy of these patches. The California MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. The requested Terocin patches are not medically necessary.

**Sumatriptan Succinate tablets 25mg, #9 times two, one tablet at onset of headache and repeated two hours later, if needed, no more that four a day.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter (Triptans).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Triptans.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not discuss Imitrex. However, ODG Guidelines have the following regarding triptans for headaches, recommended for migraine sufferers. At marked doses all oral triptans, for example, sumatriptan (Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. As medical records document, this patient presents with headaches. In this case, Imitrex is indicated if the patient suffers from migraines. However, this diagnosis is not provided and is not apparent based on reports reviewed. The patient appears to be suffering from cervicogenic or tension headaches. Given the patient does not suffer from migraine, the request is not medically necessary.