

Case Number:	CM14-0065862		
Date Assigned:	07/14/2014	Date of Injury:	02/25/2014
Decision Date:	10/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	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 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:

The injured worker is a 56-year-old male who sustained a gunshot wound in the left upper ankle on 2/25/14. He had a gradual onset of pain in his neck, back, hips, and upper and lower extremities. The PR2 report dated 7/18/14 indicated that he had constant pain in the c-spine, associated headaches, tension between the shoulder blades, constant pain in the low back, and radiation of pain into the upper and lower extremities. The pain was rated at 8/10. C-spine exam indicated tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, limited ROM with pain, tingling and numbness into the lateral forearm and hand, and innervated muscles at C5-C7. L-spine exam indicated tenderness with spasm, positive seated nerve root test, and guarded and restricted ROM with standing flexion and extension. X-rays of the c-spine from 4/8/12 revealed significant spondylosis at the levels of C5 to C7 with some functional kyphotic deformity, l-spine revealed disc space height collapse of L5-S1, bilateral wrists, hips, knees, and left tib/fib were essentially within normal limits with some degenerative changes noted. On 2/25/14, his medications included Percocet, Zofran and Keflex, and he was wearing crutches. On 4/8/14, he was not taking any medications and it was noted that he is allergic to Keflex. Diagnoses: Cervical/lumbar discopathy, carpal tunnel vs double crush syndrome, cervicgia, rule out internal derangement bilateral hips, gunshot wound left lower extremity. Current medications and other treatments were not documented in the clinical records submitted with this request. The request for Tramadol 150 mg. #90 was modified to Tramadol 150 mg #60 and request for Cyclobenzaprine 7.5 #120, Ondansetron 8 mg #30 X 2, qty 60, Somatriptan Succinate 25 mg #9 X 2 QTY 18, Terocin Patch #30 was denied on 4/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program or modalities such as hot/cold. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol has not been established.

Cyclobenzaprine 7.5 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial spasm to warrant antispasmodic therapy or demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records show that the IW has been prescribed Cyclobenzaprine; however, no significant improvement in pain or function has been noted. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity of the request for Cyclobenzaprine is not established.

Ondansetron 8 mg #30 X 2, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

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

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Antiemetics (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as gastroenteritis, none of which is the case here. Furthermore, there is no documentation of nausea refractory to first line treatments. Therefore, the request is not medically necessary according to the guidelines.

Somatriptan Succinate 25 mg #9 X 2 QTY 18: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NIH/Medline

Decision rationale: CA MTUS/ACOEM/ODG do not address the issue. Online resources were consulted instead. Sumatriptan is a headache medicine that narrows blood vessels around the brain. Sumatriptan is used to treat the symptoms of migraine headaches (severe, throbbing headaches that sometimes are accompanied by nausea or sensitivity to sound and light). Sumatriptan is in a class of medications called selective serotonin receptor agonists. In this case, the medical records do not document the patient is diagnosed with Migraine. There is no documentation of symptoms associated with Migraine such as nausea or sensitivity to sound and light. Therefore, the request is considered not medically necessary per guidelines.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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 guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically

applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.