

<b>Case Number:</b>	CM14-0068535		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female injured on 02/07/09 due to an undisclosed mechanism of injury. Current diagnoses include cervical discopathy, rule out shoulder impingement/rotator cuff pathology, and bilateral carpal tunnel syndrome vs double crush syndrome. The injured worker complained of persistent pain in the neck radiating to upper extremities with numbness and tingling. The injured worker has occasional headaches and bilateral upper extremity pain. Physical assessment reveals cervical tenderness at the paravertebral muscles and upper trapezius muscles with spasm, axial compression test and Spurling's maneuver are positive. Physical examination of bilateral shoulders reveals tenderness around the anterior glenohumeral region and subacromial space. No signs of instability, apprehension test negative, internal rotation and forward flexion reproduce symptomology. The initial request for Cyclobenzaprine 7.5mg #120, Ondansetron 8mg #60, Tramadol 150mg #90, and Terocin patch #30 were initially non-certified on 05/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzarpine 7.5 MG # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants.

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

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine 7.5 MG # 120 cannot be established at this time.

**Ondansetron 8 MG # 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, antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured worker has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron 8 MG # 60 cannot be recommended as medically necessary.

**Tramadol 150MG # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well

as establish the efficacy of narcotics, the medical necessity of Tramadol 150MG # 90 cannot be established at this time.

**Terocin patch # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the prospective request for Terocin patch # 30 cannot be recommended as medically necessary.