MAXIMUS Federal Services

Case Number:	CM14-0070311		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2012
Decision Date:	09/20/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old male who has submitted a claim for status post cervical spine stabilization surgery, left shoulder impingement syndrome, status post left shoulder arthroscopy, rule out bilateral carpal tunnel syndrome, rule out cervical radiculopathy, and chronic low back pain with radiculopathy associated with an industrial injury date of 10/30/2012.Medical records from the 2013 to 2014 were reviewed. Patient complained of neck pain, rated 6/10 in severity, aggravated by overhead activity. Patient likewise reported bilateral hand pain associated with numbness and tingling sensation. He experienced low back pain, rated 8/10 in severity, radiating to the right lower extremity with temporary relief with medications. Physical examination of the cervical spine showed muscle spasm and tenderness. Hawkin's-Kennedy impingement test was positive. Phalen's test and Durkan's median compression test were positive bilaterally. Lumbar spine showed positive for muscle spasm and tenderness. Sensation was diminished along the median nerve distribution bilaterally. Gait was antalgic.Treatment to date has included cervical spine stabilization surgery, status post left shoulder arthroscopy, physical therapy, and medications such as Anaprox, Prilosec, Terocin patch, ondansetron, and tramadol (all since January 2014).Utilization review from 4/30/2014 denied the request for Naproxen sodium tablets 550mg qty #120 because there was no clear documentation of its efficacy; denied Ondansetron 8mg because it was only FDA-approved for nausea and vomiting secondary to chemotherapy, radiotherapy, and post operative state; denied Tramadol ER 150mg qty #90 because there was no identifiable pain relief and functional improvement; denied Cyclobenzaprine 705mg qty #120 because it was not recommended for long-term use; denied omeprazole 20 mg because there was no gastrointestinal risk factor present; and denied Terocin patch because there was no trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg qty #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen sodium tablets 550mg qty #120 is not medically necessary.

Ondansetron 8mg: Upheld

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

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

Decision rationale: The CA MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, patient has been on ondansetron since January 2014. However, there is no clear indication for this medication since there were no complaints of nausea or vomiting. Patient is likewise not on cancer chemotherapy, radiation therapy, or is in a recent post-operative state. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ondansetron 8mg is not medically necessary.

Tramadol ER 150mg qty #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since January 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol ER 150mg qty #90 is not medically necessary.

Cyclobenzaprine 705mg qty #120: 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): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. Therefore, the request for Cyclobenzaprine 705mg qty #120 is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since January 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may

corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for omeprazole 20mg is not medically necessary.

Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was on Terocin patch since January 2014 for neuropathic pain. However, there was no documentation that the patient was initially prescribed first-line therapy. Moreover, there was no documentation concerning pain relief and functional improvement derived from its use. Guideline criteria were not met. Therefore, the request for TEROCIN PATCH is not medically necessary.