

Case Number:	CM14-0071887		
Date Assigned:	08/08/2014	Date of Injury:	10/13/2012
Decision Date:	12/30/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopedic Surgery 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 56-year-old male who has submitted a claim for lumbago associated with an industrial injury date of October 13, 2012. Medical records from 2014 were reviewed. The patient complained of constant pain in the bilateral knees, aggravated by squatting, kneeling, climbing stairs, walking, and prolonged standing. The patient reported swelling and buckling sensations. Pain severity was rated as 5/10. The patient also complained of low back pain, aggravated by lifting, twisting, pushing, and pulling activities. The pain radiated to bilateral lower extremities, and was rated 6/10. Physical examination of the knee showed positive patellar grind test, tenderness, crepitus with painful range of motion, no instability, and a negative anterior drawer test. Examination of the lumbar spine showed tenderness, spasm, positive seated nerve root test, restricted motion, and normal strength and sensory exam. Treatment to date has included Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Tramadol, and Terocin patch (since April 2014). The utilization review from May 6, 2014 denied the request for Naproxen 550 mg quantity 120; denied Tramadol 150 mg quantity 90; denied Cyclobenzaprine 7.5 mg #120; denied Ondansetron 8 mg quantity 30; denied Omeprazole 20 mg #120; and denied Terocin patches #13. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, quantity 120: 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 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, the patient has been on Naproxen since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 550mg, quantity 120 is not medically necessary.

Tramadol 150mg, quantity 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 the California 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, the patient has been on Tramadol since April 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 150mg, quantity 90 is not medically necessary.

Cyclobenzaprine 7.5mg, quantity 120: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the California 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 April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use.

Although the most recent exam still showed evidence of spasms, long-term use of muscle relaxant is not guideline recommended. Therefore, the request for Cyclobenzaprine 7.5mg, quantity 120 is not medically necessary.

Ondansetron ODT Tablets 8mg, quantity 30: Upheld

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

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 California 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. Official Disability Guidelines 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, the patient has no subjective complaints of nausea or vomiting. The patient is not in post-operative state. He is not receiving any chemotherapy or radiation therapy to necessitate this medication. There is no clear indication for this request. Therefore, the request for Ondansetron ODT Tablets 8mg, quantity 30 is not medically necessary.

Omeprazole 20mg, quantity 120: 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 NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of the California 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, the patient has been on Omeprazole since April 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, the patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20mg, quantity 120 is not medically necessary.

Terocin Patches, quantity 30: 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 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 the California 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 anti-epilepsy drugs such as Gabapentin or Lyrica). Regarding the Menthol component, the California MTUS does not cite specific provisions, but the Official Disability Guidelines 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 April 2014. However, there was no evidence concerning failure of first-line therapy. Moreover, there was no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for Terocin patches #30 is not medically necessary.