

<b>Case Number:</b>	CM14-0072778		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 42-year-old male who reported an injury on 05/15/2012 due to a slip and fall. The injured worker's diagnoses were reflex sympathetic dystrophy, encounter of long-term use of medication, thoracic/lumbosacral neuritis and radiculitis unspecified, and cervicgia. The injured worker's past treatments included right stellate ganglion block on 12/13/2013; x-ray entrapment for surgical procedure that was performed on 06/05/2013; facet joint block on 01/13/2013; medication. The injured worker's past surgeries include surgical corpectomy on 06/05/2013. The injured worker complained to have continuous pain to the lower back; pain score 8/10. On physical examination dated 04/14/2014, there was limited range of motion in the lumbar spine due to pain. The injured worker's medications include gabapentin, Percocet, Cipro, Cymbalta, Wellbutrin, ketorolac tromethamine, tramadol, and Sentra PM. The provider's treatment plan is to continue medication as documented on medication regimen. The provider will order an EMG for upper extremities and there was a requested care plan of Percocet 10/325 every 6 hours, tramadol 50 mg every 4 to 6 hours, Sentra AM, Terocin cream 120ml 4 times a day, and Phenergan 25 mg. The rationale for the request was to help with moderate to severe pain in his arm due to RSD (reflex sympathetic dystrophy syndrome). The request for authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, 1 every 6 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** According to the California MTUS, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of the pain and functional status in regard to activities of daily living, appropriate medication use, and aberrant drug-taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief and how long pain relief lasts. The injured worker complained of severe pain to the lower back, neck, and right arm; pain score 8/10. Although the documentation submitted indicated the injured worker did not have issues with aberrant drug-taking behaviors and had a consistent urine drug screen, the documentation does not specify if that score reflects before medications or after medications have been taken. The submitted documentation did not address an increase the activities of daily living with use of medication. There was no documentation for adverse side effects with the use of opioids. The request as submitted failed to provide a quantity of the medication. In the absence of documentation on current clinical record of adverse side effects with the use of opioids and increase in functional activity as well as pain relief, the request for Percocet 10/325mg, 1 every 6 hours is non-certified.

**Tramadol 50mg, every 4-6 hrs #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The request for Tramadol 50mg, every 4 to 6 hours #20 is non-certified. According to the California MTUS, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of the pain and functional status in regard to activities of daily living, appropriate medication use, and aberrant drug-taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief and how long pain relief lasts. The injured worker complained of severe pain to the lower back, neck, and right arm; pain score 8/10. Although the documentation submitted indicated the injured worker did not have issues with aberrant drug-taking behaviors and had a consistent urine drug screen, the documentation does not specify if that score reflects before medications or after medications have been taken. The submitted documentation did not address an increase the activities of daily living with use of medication. There was no documentation for adverse side effects with the use of opioids. In the absence of documentation on current clinical record of adverse side effects

with the use of opioids and increase in functional activity, the request for Tramadol 50mg, every 4 to 6 hours #120 is non-certified.

**Sentra AM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicalfoods.com.

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

**Decision rationale:** The request for Sentra AM is non-certified. According to the Official Disability Guidelines (ODG), medical food is formulated to be consumed or administered internally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principal or established by medical evaluation. Consider the product must be at a minimum and meet the following criteria to include the product must be a food for oral or tubal consumption; the products must be labeled for dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirement; the product must be used under medical supervision. The rationale documented in clinical records is to help counteract the sedative side effects of the pain medication. The injured worker has documentation in the medical records of rating pain at 8/10 to the lower back, neck, and right arm. There is lack of documentation in clinical records for the injured meeting the criteria for a medical food as stated above. Additionally, the request failed to include the frequency of the medication. As such, the request for Sentra AM is non-certified.

**Terocin cream 120ml, 4 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**Decision rationale:** The request for Terocin cream 120ml, 4 times a day is non-certified. According to the California MTUS, topical analgesics are recommended, but are largely experimental in use with few randomized trials to determine efficacy or safety and they are recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. The clinical documentation notes that the injured worker complained of pain to the lower back and neck with pain score being rated at 8/10. There is no documentation of failed antidepressant or anticonvulsant therapy. The request is not supported by evidence-based guidelines. Additionally the request fails to mention the location for application. As such, the request for Terocin cream 120 ml, 4 times a day is non-certified.

**Phenergan 25mg:** 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, Antiemetics for opioid nausea.

**Decision rationale:** The request for Phenergan 25 mg is non-certified. According to Official Disability Guidelines (ODG), antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use for FDA approved indications. Nausea and vomiting is common with the use of opioids. These side effects tend to diminish over days to weeks for continued exposure. Study of opioids adverse effects including nausea and vomiting are limited to short-term duration and have limited application to long-term drug use. The injured worker complained of constant pain or continuous pain to lower back and neck. There is lack of documentation as to the injured worker having any indications of nausea and vomiting. In the absence of documentation, the request is not supported per evidence-based guidelines. Additionally, the request failed to include the frequency of the proposed medication. As such, the request is non-certified.