

Case Number:	CM14-0077294		
Date Assigned:	08/08/2014	Date of Injury:	05/22/2013
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 has a subspecialty in Interventional Spine 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 57-year-old male with a date of injury of 05/22/2013. The current diagnoses per [REDACTED] are; cervical disk disorder and lumbar disk disorder. According to a progress report 03/25/2014, the patient presents with constant low back pain with sciatica. The patient also has neck and right knee pain. Examination finding document that there is tenderness at the cervical and lumbar spine with spasm. Positive Spurling, straight leg raise, and McMurray are noted. Decrease in range of motion of the cervical and lumbar spine are noted. Report 04/14/2014 indicates the patient is taking medication Naproxen 550 mg, Cyclobenzaprine 7.5 mg, Ondansetron ODT 8 mg, Omeprazole 20 mg, Tramadol ER 150 mg, and utilizing Menthoderm gel and Terocin patches. The treating Physician requested a refill of all medications. Utilization review denied the request on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 60-61.

Decision rationale: MTUS Guidelines states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted." In this case, review of progress reports from 12/20/2013 through 04/14/2017 does not provide a discussion regarding if naproxen has been effect for this patient. Review of the medical file indicates the patient has been prescribed naproxen since 07/23/2013. MTUS requires pain assessment on functional changes to be documented when medication is used for chronic pain. The request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with constant low back pain with sciatica. The treating Physician is requesting a refill of Cyclobenzaprine Hydrochloride 7.5 mg #120. The MTUS Guidelines states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." Review of the medical file provided indicates the patient has been taking this medication since 07/23/2013. This medication is not intended for long-term use, and the request is considered not medically necessary.

Ondansetron ODT 8mg #30 x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Zofran (Ondansetron).

Decision rationale: MTUS and ACOEM Guidelines do not discuss Zofran, however, ODG Guidelines has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." In this case, the treating Physician has been prescribing Zofran

since 07/23/2013 and ODG Guidelines do not support the use of ondansetron for long term use. Therefore, the request is not medically necessary.

Omeprazole Delayed-Release 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: MTUS Guidelines state that, "Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID." Review of the medical file indicates the patient has been taking omeprazole concurrently with naproxen sodium since 07/23/2013. The patient has been taking NSAID on a long term basis, but the treating Physician does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is considered not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: Medical file provided for review indicates the patient has been taking tramadol since 08/06/2013. The MTUS Guidelines state, "A small class of synthetic opioids (e.g. tramadol) exhibit opiate activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine." In this case, review of progress reports from 12/20/2013 through 04/14/2014 does not describe what tramadol is doing for this patient in terms of pain and function. There are no specific Activities of Daily Living (ADL) changes or discussion of functional improvement with taking this medication. Also, pain assessment, outcome measure, and opiate monitoring such as urine drug screen are not provided. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, recommendation is for denial.

Menthoderm Gel 120mg: Upheld

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

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

Decision rationale: Mentherm gel contains menthol and methyl salicylate, and NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. Medical records provided for review does not indicate the patient has any peripheral joint arthritis or tendinitis. This medication is not indicated for neuropathic or myofascial pain. The request is not medically necessary.

Terocin Patch #30: Upheld

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

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

Decision rationale: Terocin patches contain salicylate, capsaicin, menthol, and Lidocaine. The MTUS Guidelines state, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line of therapy. Topical Lidocaine in the formulation of dermal patch has been designed for orphan status by the FDA for neuropathic pain." In this case, the patient does not present with localized peripheral pain. The patient has upper low back pain and stiffness. Therefore the request is considered not medically necessary.