

<b>Case Number:</b>	CM14-0077486		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine, 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:

This patient is a 57 y/o male who has developed chronic cervical, lumbar and left shoulder pain. His most recent DOI is 4/25/12. He has been treated with surgery including a C4-C7 decompression and fusion on 1/10/14. He has also had left shoulder surgery for a rotator cuff tear and biceps tenodesis on 2/15/13. Right shoulder surgery is pending. The treating physician does not document pain levels, when medications are utilized, or how long the benefits of medications last. Medications are office dispensed with generalized documentation of what they are for, but this documentation appears to be generic and not for this specific patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 80 Page(s): 80.

**Decision rationale:** Guidelines recommend specific monitoring and documentation if Opioids are utilized on a chronic basis. The treating physician provides very limited documentation, but it is evident that this patient has ongoing moderate to severe pain involving several orthopedic

problems that would be expected to generate significant ongoing pain. In addition, he is approved for right shoulder surgery once the cervical surgery is adequately stable. There is no evidence of misuse or accelerated use. Given the overall circumstances, stable or diminished use of Tramadol ER 150 #60/month is medically necessary. If use patterns increase or additional opioids are utilized, a re-review may be warranted. The request is medically necessary.

**Cyclobenzaprine 7.5mg #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants , page(s) 69 Page(s): 69.

**Decision rationale:** MTUS Guidelines do not support the use of this medication beyond 2-3 weeks. The prescribing physician does not provide adequate documentation to justify an exception to Guidelines. The physician does not document how often this medication is used, how long it is then generally use, or the benefits from use. The current documentation does not support the Cyclobenzaprine as being medically necessary. Therefore, the request is not medically necessary.

**Ondansetron 8mg #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; Treatment in Workers' Compensation, 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) Pain, anti-emetics for opioid use.

**Decision rationale:** The MTUS Guidelines do not directly address this issue; however, the ODG Guidelines do address this issue. Use of anti-emetics is not Guideline recommended with chronic opioid use. Ondansetron is recommended for nausea associated with chemotherapy or for post surgical use, it is not recommended for nausea associated with opioid pain medication use. The prescribing physician does not document any ongoing nausea. Under these circumstances, Ondansetron is not Guideline supported and the prescribing physician does not provide adequate medical documentation to consider Ondansetron medically necessary. Therefore, the request is not medically necessary.

**Terocin Patch #30: 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 Analgesics, 111,112 Page(s): 111,112.

**Decision rationale:** Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. The MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per the MTUS Guidelines standards, the compounded Terocin is not medically necessary.