

<b>Case Number:</b>	CM14-0078116		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Pain Management 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 40-year male who sustained an injury on 2/11/14. As per the most recent report, the patient was being treated for intermittent low back pain rated at 4/10 with radiculopathy, left greater than right. The symptoms were described as dull and mild; exacerbated by movement. On exam there was tenderness of the thoracolumbar spine and paravertebral musculature - lumbar spine. ROM of the back was restricted. X-rays of the lumbar spine revealed minimal disc degeneration. MRI of the lumbar spine revealed L5-S1 disc herniation of 4mm with impingement on the left nerve root. He reportedly had some temporary relief of his pain initially with the Medrol dose pack when he was taking the high dosage. He was also prescribed prednisone. He was treated previously with chiropractic therapy, physical therapy, and medications; however the benefit of any of the treatments has not been documented. The functional benefit of the current medication regimen was not documented but it was mentioned that medications help. Current medications include Naproxen, Cyclobenzaprine hydrochloride, Ondansetron, Omeprazole, Tramadol Hydrochloride, and Terocin Patch have been recommended. Diagnosis: Lumbosacral sprain/strain. The request for Cyclobenzaprine hydrochloride 7.5 mg #120 was modified to Cyclobenzaprine hydrochloride 7.5 mg #20, Tramadol Hydrochloride ER 150 mg #90 was modified to Tramadol Hydrochloride ER 150 mg #60, Ondansetron ODT tablets 8 mg #60 and Terocin Patch #30 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine hydrochloride 7.5 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

**Decision rationale:** According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial spasm to warrant antispasmodic therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Cyclobenzaprine on an ongoing basis; however, no significant improvement in pain or function has been documented. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Cyclobenzaprine is not established.

**Ondansetron ODT tablets 8 mg #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 Worker's Compensation

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

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Antiemetics (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is also FDA-approved for gastroenteritis. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not medically necessary according to the guidelines.

**Tramadol Hydrochloride ER 150 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91-93.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have

been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, there is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Tramadol has not been established based on guidelines and lack of documentation.

**Terocin Patch #30:** Upheld

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

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

**Decision rationale:** According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral (neuropathic) 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.