

Case Number:	CM14-0083142		
Date Assigned:	07/21/2014	Date of Injury:	09/20/2009
Decision Date:	08/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 09/20/2009. The mechanism of injury was not stated. Current diagnoses include cervicgia and lumbago. The latest Physician's Progress Report submitted for this review is documented on 04/07/2014. The injured worker reported constant cervical spine pain with radiation into the right upper extremity, as well as lower back pain with radiation into the left lower extremity. Physical examination revealed tenderness to palpation, positive Spurling's maneuver, positive straight leg raise, and diminished sensation in the C5-7 and L5-S1 dermatomes. Treatment recommendations included continuation of the current medication regimen. A request for authorization form was then submitted on 04/29/2014 for the medications cyclobenzaprine 7.5 mg, Zofran 8 mg, omeprazole 20 mg, tramadol ER 150 mg, and Terocin pain patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride tablets 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is non-certified.

Ondansetron ODT tablets 8mg, #30x2 QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-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) Chronic Pain chapter, Ondansetron, Antiemetic.

Decision rationale: Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Zofran has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Therefore, the request is non-certified.

Omeprazole delayed-release capules 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 Page 68-69 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. As such, the request is non-certified.

Tramadol hydrochloride ER 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no frequency listed in the request. As such, the request is non-certified.

Terocin patch, QTY: 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 Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is non-certified.