

Case Number:	CM14-0084043		
Date Assigned:	09/18/2014	Date of Injury:	03/17/2011
Decision Date:	10/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 patient is a 37 year-old female who has submitted a claim for lumbago associated with an industrial injury date of March 17, 2011. Medical records from 2014 were reviewed. The patient complained of cervical spine pain radiating to the right upper extremity with associated migrainous headache; right shoulder pain radiating down the arm; constant pain in the right arm; and constant low back pain radiating to the lower extremities. Pain was rated 8/10 and accompanied by tingling and numbness. Examination of the cervical spine showed tenderness over the cervical paravertebral muscle spasm; positive axial loading compression test; and generalized weakness and numbness. Examination of the right shoulder and upper extremity showed tenderness over the anterior glenohumeral region and subacromial space; positive palmar compression test subsequent to Phalen's maneuver; and reproducible symptomatology in the median nerve distribution with a positive Tinel's, consistent with carpal tunnel syndrome. Examination of the lumbar spine showed tenderness over the mid and distal lumbar segments; guarded and restricted standing flexion and extension; positive seated nerve root test; and dysesthesia in the lower extremities. The diagnoses were cervical/lumbar radiculopathy, right carpal tunnel/double crush syndrome, cervicgia, and rule out internal derangement of the right shoulder. Treatment to date has included oral analgesics and physical therapy. Utilization review from May 22, 2014 denied the requests for Ondansetron 8mg ODT #30 due to lack of evidence of nausea and vomiting; Orphenadrine citrate #120 due to long term use and lack of evidence of muscle spasms, tensions, or acute exacerbations of pain; Tramadol ER 150mg #90 due to lack of documentation of pain scores and CA MTUS opioid mandated documents; and Terocin patch #30 due to lack of documentation of failed trials of anticonvulsants and antidepressants, and unresponsiveness and intolerance to other treatments. The request for Sumatriptan succinate was modified to Sumatriptan Succinate 25mg #9 because of documented evidence of headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg ODT #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 - Treatment for Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm?utm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1 (accessed 5/2/2012)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the U.S. Food and Drug Administration, Drug Safety Information was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, there was no evidence of nausea and vomiting that warrant Ondansetron intake. The most recent progress reports did not document any subjective complaints of GI symptoms or any recent surgery. The medical necessity was not established. There was no clear indication for the request. Therefore, the request for Ondansetron 8mg ODT #30 is not medically necessary.

Orphenadrine citrate #120: 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 (for pain) Page(s): 63-66.

Decision rationale: Pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the documents do not reflect muscle spasms and acute exacerbation of pain. Likewise, there was no documentation of failure of first-line medications to manage pain. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for Orphenadrine citrate #120 is not medically necessary.

Tramadol 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 Tramadol (Ultram; Ultram ER; generic available in immediate release tablet);Tramadol (Ultram).

Decision rationale: Page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, there was no evidence of failure of first-line oral analgesics to manage pain. The guideline recommends Tramadol only as an option for management of moderate to severe pain. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Tramadol ER 150mg #90 is not medically necessary.

Sumatriptan succinate: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sumatriptan) (http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020132s024s026lbl.pdf)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. In this case, the patient reports headaches that is migrainous in nature for which Sumatriptan is beneficial. The medical necessity has been established. However, the request did not specify amount of medication to dispense. Therefore, the request for Sumatriptan succinate is not medically necessary.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch);Topical Analgesics, Lidocaine Page(s): 56-57;111-112.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Topical lidocaine may be recommended for localized peripheral

pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). In this case, there was no evidence of trial of first-line medications for neuropathic pain. The guideline recommends lidocaine only in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Terocin patch #30 is not medically necessary.