

<b>Case Number:</b>	CM14-0084346		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 55 year old male presenting with chronic pain following a series of work related injuries from 06/2/89 to 10/22/2013. The patient complained of pain in the cervical spine, chronic headaches, tension between the shoulder blades and migraines and low back pain. The patient has tried activity modification, physical therapy and pain management including seven cervical epidural blocks. The patient's medications included Terocin Patches, Metformin, Glipizide, Orphenadrine, Tramadol and Ondansetron. The physical exam showed pain in the iliac crest into the lumbosacral spine, restricted standing, flexion and extension, radicular pain, neurogenic type claudication in the lower extremities, weakness in the lower extremities, strength in the quadriceps, EHL, and ankle plantar flexors bilaterally which is worse on the left side than right. There was also giving away of the legs and dragging of the feet. The patient was diagnosed with multilevel spondylosis lumbar spine with MRI evidence of herniated discs from L2 to S1, progressive neurologic deficit, both lower extremities and cervical discopathy with possible double crush versus carpal tunnel syndrome and cervicalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate ER 100mg #120:** 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 Anti-spasmodic Page(s): 64.

**Decision rationale:** Orphenadrine Citrate ER 100mg #120 is not medically necessary. Ca MTUS "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain." Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications. The claimant is on Tramadol which is also a sedating medication; therefore the requested medication is not medically necessary.

**Ondansetron ODT 8mg #30 with 2 refills:** 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 Anti-Emetics Page(s): 10. Decision based on Non-MTUS Citation Physician Desk Reference

**Decision rationale:** Ondansetron ODT 8 mg #30 with 2 refills is not medically necessary. The CA MTUS Guidelines indicates that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Additionally, continuous long-term treatment by an anti-emetic is not recommended. The medical records does not document length of time the claimant has been on Ondansetron. With long term use in this case, the requested medication is not medically necessary.

**Tramadol HCL Er 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 83, 79.

**Decision rationale:** Tramadol ER 150 #90 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications. Therefore this 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.

**Decision rationale:** Terocin Patch #30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.