MAXIMUS Federal Services

Case Number:	CM14-0085210		
Date Assigned:	08/08/2014	Date of Injury:	07/18/2012
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 36 year old with an injury date on 7/18/12. Patient complains of continued cervical spine pain, chronic headaches, migraines, and tension between shoulder blades per 4/7/14 report. Patient has failed conservative measures of treatment including physical therapy, pain management, and activity modification per 4/7/14 report. Based on the 4/7/14 progress report provided by [redacted] the diagnoses are: 1. cervical discopathy 2. Bilateral carpal tunnel syndrome/double crush 3. Left de quervain's tenosynovitis 4. left thumb tenosynovitisExam on 4/7/14 showed "painful and restricted range of motion of C-spine. Positive impingement sign of left shoulder, painful range of motion. Bilateral wrist/hands show weak grip, tenderness at left thumb and dysesthesia of radial digits." [redacted] is requesting naproxen sodium tab 550mg #120, cyclobenzaprine HCL 7.5mg #120, sumatriptan saccinate tab 25mg #18, ondansetron ODT #60, omeprazole delayed release cap 20mg #120, tramadol HCL ER 150mg #90, and terocin patch #30. The utilization review determination being challenged is dated 5/6/14 and rejects request for sumatriptan as the most recent progress report is 60 days old, with no information on patient's current complaints. [redacted] is the requesting provider, and he provided treatment reports from 12/9/13 to 4/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tab 550 Mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications , NSAIDs , NSAIDs, specific drug list & adverse effects Page(s): 22, 67-68, 70-73.

Decision rationale: This patient presents with neck pain, and headaches. The treating physician has asked for Naproxen sodium tab 550mg #120but the date of the request is not known. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. It is not known how long patient has been taking Naproxen. The treating physician does not indicate whether or not Naproxen has been helpful. Page 60 of MTUS requires documentation of pain and function when medications are used for chronic pain. Given the lack of any indication that this medication is helpful. The request is not medically necessary.

Cyclobenzaprine HCL 7.5mg #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 Page(s): 63-66.

Decision rationale: This patient presents with neck pain and headaches. The treating physician has asked for cyclobenzaprine HCL 7.5mg #120. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treating physician does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request is not medically necessary.

Sumatriptan Succinate Tab 25mg #18: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SUMATRIPTAN aka Imitrex ODG guidelines, Head chapter for Triptans: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name ImitrexÂ®) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth,

2001) (Mannix, 2005) (Martin 2005) (McCrory, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005) Rizatriptan (MaxaltÂ®) has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. (GÃ¶bel, 2010) While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, the economic value of rizatriptan depends on the payer's perspective, as the greatest savings can be expected to be achieved in terms of reduced migraine-related loss of work productivity compared with less effective treatments. (Mullins, 2007) (McCormack, 2005) According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic rizatriptan would be recommended. (FDA, 2013) See also Migraine pharmaceutical treatment.

Decision rationale: This patient presents with neck pain and headaches. The treating physician has asked for sumatriptan saccinate tab 25mg #18. It is not known how long patient has been taking sumatriptan. Regarding sumatriptan (Imitrex) ODG recommends for migraine sufferers. Records indicate patient is not taking any other medications for migraines. A trial of Sumatriptan seems reasonable for patient's chronic migraines. The request is medically necessary.

Ondansetron ODT #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 Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter for: Ondansetron (ZofranÂ®) Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea). ODG guidelines, Pain chapter for: Antiemetics (for opioid nausea) Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of anti emetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005) Promethazine (PhenerganÂ®): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dsykensia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic

effects can occur (dry mouth, dry eyes, urinary retention and ileum). Ondansetron (ZofranÂ®): This drug is a serotonin 5-HT3 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 FDA-approved for gastroenteritis. See also Nabilone (CesametÂ®), for chemotherapy-induced nausea, but not pain.

Decision rationale: This patient presents with neck pain and headaches. The treating physician has asked for sumatriptan saccinate tab 25mg #18. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. The request is not medically necessary.

Omeprazole Delayed Release Cap 20 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with neck pain and headaches. The treating physician has asked for omeprazole delayed release cap 20mg #120. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD. The treating physician does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. The request is not medically necessary.

Tramadol Hcl ER 150 Mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with neck pain and headaches. The treating physician has asked for tramadol HCL ER 150mg #90. There is no mention of Tramadol in included documentation. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including

analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Tramadol. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, 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 Page(s): 111-113.

Decision rationale: This patient presents with neck pain and headaches. The treating physician has asked for terocin patch #30. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. From the limited documentation provided, it appears this patient presents with axial spinal pain, with no symptoms of peripheral neuropathy. Requested Terocin Patches would not be indicated for this case. The request is not medically necessary.