

Case Number:	CM14-0087228		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2009
Decision Date:	10/02/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 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:

According to the records made available for review, this is a 58-year-old male with a 8/16/09 date of injury, status post rotator cuff repair 6/5/98, status post right hand surgery in December 2007, status post right elbow surgery 6/8/12, status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5 3/25/11, status post right and left shoulder surgeries (undated), status post left hand tendon cyst removal (undated), status post right hand trigger finger release (undated), status post cervical spine surgery 3/25/11, and status post bilateral feet surgery (undated). At the time (5/9/14) of request for authorization for Ondansetron 8 mg ODT #30, Orphenadrine Citrate #120, Tramadol ER 150mg, Sumatriptan Succinate tablets 25 mg #8 times 2 refills, and Terocin Patch #30, there is documentation of subjective (constant pain in both hips, left side greater than right, with stiffness, frequent pain in cervical spine that radiates to bilateral scapulae and upper extremities, pain in both shoulders, occasional pain in both elbows, weakness, tingling, and numbness in both hands, worse on left, frequent pain in low back that radiates down back of both lower extremities, frequent pain in both knees with occasional swelling and instability, and frequent pain in arch and heel of both feet) and objective (pain and tenderness in anterior joint line space of bilateral hips, right side greater than left, internal rotation and external rotation does reproduce symptomatology, and some pain in posterolateral region) findings, current diagnoses (rule out internal derangement bilateral hips, right greater than left, rule out pseudarthrosis cervical spine status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5, right shoulder impingement syndrome with tendinosis and bursitis, status post previous rotator cuff repair 1998, status post right lateral epicondylar release, lateral/medial epicondylitis with cubital tunnel syndrome, left elbow, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement bilateral knees, right knee anterior cruciate ligament and medial meniscus tear, left knee degenerative joint disease,

and bilateral plantar fasciitis), and treatment to date (chiropractic therapy, physical therapy, surgery, epidural steroid injections, and anti-inflammatory medications). Medical report identifies a plan to start Ondansetron for nausea associated with headaches that are present with chronic cervical spine pain, Orphenadrine, Sumatriptan Succinate for the migrainous headache associated with chronic cervical pain, Tramadol, and Terocin. Regarding Ondansetron 8 mg ODT #30, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Orphenadrine Citrate #120, there is no (clear) documentation of acute exacerbation of chronic low back pain and the intention to treat over a short course. Regarding Tramadol ER 150mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg 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 Pain Procedure Summary Updated 04/10/2014 Anti Emetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of rule out internal derangement bilateral hips, right greater than left, rule out pseudarthrosis cervical spine status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5, right shoulder impingement syndrome with tendinosis and bursitis, status post previous rotator cuff repair 1998, status post right lateral epicondylar release, lateral/medial epicondylitis with cubital tunnel syndrome, left elbow, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement bilateral knees, right knee anterior cruciate ligament and medial meniscus tear, left knee degenerative joint disease, and bilateral plantar fasciitis. In addition, there is documentation of a plan to start Ondansetron. However, despite documentation of nausea associated with headaches, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron 8 mg ODT #30 is not medically necessary.

Orphenadrine Citrate #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 Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of rule out internal derangement bilateral hips, right greater than left, rule out pseudarthrosis cervical spine status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5, right shoulder impingement syndrome with tendinosis and bursitis, status post previous rotator cuff repair 1998, status post right lateral epicondylar release, lateral/medial epicondylitis with cubital tunnel syndrome, left elbow, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement bilateral knees, right knee anterior cruciate ligament and medial meniscus tear, left knee degenerative joint disease, and bilateral plantar fasciitis. In addition, there is documentation of a plan to start Orphenadrine Citrate. However, despite documentation of low back pain, there is no (clear) documentation of acute exacerbation of chronic low back pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine Citrate #120 is not medically necessary.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS

Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of rule out internal derangement bilateral hips, right greater than left, rule out pseudarthrosis cervical spine status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5, right shoulder impingement syndrome with tendinosis and bursitis, status post previous rotator cuff repair 1998, status post right lateral epicondylar release, lateral/medial epicondylitis with cubital tunnel syndrome, left elbow, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement bilateral knees, right knee anterior cruciate ligament and medial meniscus tear, left knee degenerative joint disease, and bilateral plantar fasciitis. In addition, there is documentation of a plan to start Tramadol. Furthermore, there is documentation that Tramadol is used as a second line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150 mg is not medically necessary.

Sumatriptan Succinate tablets 25 mg #8 times 2 refills: Overturned

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 Official Disability Guidelines (ODG) Head, Triptans Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not specifically address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states that Triptans are recommended for migraine sufferers. Within the medical information available for review, there is documentation of diagnoses of rule out internal derangement bilateral hips, right greater than left, rule out pseudarthrosis cervical spine status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5, right shoulder impingement syndrome with tendinosis and bursitis, status post previous rotator cuff repair 1998, status post right lateral epicondylar release, lateral/medial epicondylitis with cubital tunnel syndrome, left elbow, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement bilateral knees, right knee anterior cruciate ligament and medial meniscus tear, left knee degenerative joint disease, and bilateral plantar fasciitis. In addition, there is documentation of a plan to start Sumatriptan Succinate. Furthermore, there is documentation of migrainosus headache associated with chronic cervical pain. Therefore, based on guidelines and a review of the evidence, the request for Sumatriptan Succinate tablets 25 mg #8 times 2 refills is 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: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of rule out internal derangement bilateral hips, right greater than left, rule out pseudarthrosis cervical spine status post C3-C7 discectomy and rigid instrumentation with total disc replacement at C4-5, right shoulder impingement syndrome with tendinosis and bursitis, status post previous rotator cuff repair 1998, status post right lateral epicondylar release, lateral/medial epicondylitis with cubital tunnel syndrome, left elbow, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement bilateral knees, right knee anterior cruciate ligament and medial meniscus tear, left knee degenerative joint disease, and bilateral plantar fasciitis. However, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch #30 is not medically necessary.