

<b>Case Number:</b>	CM14-0088422		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Internal Medicine 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 an injured worker with the diagnoses of cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome, status post left shoulder surgery, double crush carpal tunnel syndrome, status post bilateral knee surgery with degenerative joint disease, and metatarsalgia plantar fasciitis. Regarding the mechanism of injury, the patient fell and injured his left knee in a hole in 1985. Primary treating physician's progress report dated February 25, 2014 documented subjective complaints of pain of both knees that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing, and sitting, and neck pain. Physical examination of the cervical spine reveals tenderness at the cervical paravertebral muscle. There is pain with terminal motion. There is dysesthesia at the is unchanged. There is tenderness at the cervical paravertebral muscles. There is pain with terminal motion. Axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C5 and C6 dermatomes. Examination of the left shoulder reveals a well-healed scar. There is no wound dehiscence. There is no swelling. Neurovascular status remains intact of the left upper extremity. Range of motion is not tested. Examination of the right shoulder is essentially unchanged. There is tenderness at the acromioclavicular joint. There is a positive impingement sign. There is pain with terminal motion. Examination of the upper extremities is essentially unchanged. There is a positive palmar compression test subsequent to Phalen's maneuver. Reproducible symptomatology into the median nerve with a positive Tinel's with paresthesias has been noted, the right side more pronounced than on the left. Examination of the lumbar spine is essentially unchanged. There is tenderness at the lumbar paravertebral muscles with spasm. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. Physical examination of the bilateral knees reveals a well healed scar. There is tenderness at the knee joint

line anteriorly. There is positive patellar compression test. There is pain with terminal flexion with crepitus. Examination of the bilateral feet is essentially unchanged. There is tenderness in the metatarsal regions of the bilateral feet, right side more pronounced than the left, consistent with metatarsalgia. Diagnoses were cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome, status post left shoulder surgery, double crush carpal tunnel syndrome, status post bilateral knee surgery with degenerative joint disease, and metatarsalgia plantar fasciitis. Treatment plan included MRI of the bilateral knees and medications. The medications Naproxen, Omeprazole, Ondansetron, Flexeril, Tramadol, and Terocin patch were requested on March 31, 2014. Progress report dated April 8, 2014 documented cervical spine pain, lumbosacral pain, left knee pain. Objective findings included tenderness at cervical spine and lumbosacral spine and left knee positive McMurray test. Treatment plan included chiropractic, pending left knee surgery, pending left knee surgery. Request for authorization dated May 13, 2014 for the date of service April 8, 2014 requested Naproxen 550 mg every twelve hours as needed, Omeprazole, Ondansetron, Orphenadrine, Tramadol, Terocin patch. Utilization review determination date was May 21, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen Sodium 55mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 181,212,271,308,338,376.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs (non-steroidal anti-inflammatory drugs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for knee, neck, back, shoulder, and wrist conditions. Medical records document the diagnoses of cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome, status post left shoulder surgery, double crush carpal tunnel syndrome, status post bilateral knee surgery with degenerative joint disease, and metatarsalgia plantar fasciitis. ACOEM guidelines support the use of Naproxen, which is an NSAID, for the patient's conditions. Therefore, the request for Naproxen Sodium 55 mg, 120 count, is medically necessary and appropriate.

**Omeprazole 20 mg, 120 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. Medical records documented a prescription for Naproxen 550 mg every 12 hours as needed on May 13, 2014. Prescription strength (NSAID) is a gastrointestinal risk factor. The Chronic Pain Medical Treatment Guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Omeprazole (Prilosec). Therefore, the request for Omeprazole 20 mg, 120 count, is medically necessary and appropriate.

**Ondansetron 8 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Ondansetron (Zofran®)FDA Prescribing Information Zofran (Ondansetron)<http://www.drugs.com/pro/zofran.html>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) state that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. No cancer chemotherapy or radiotherapy was documented in the medical records. Zofran was not being prescribed for postoperative use. ODG and FDA guidelines and the medical records do not support the use of Zofran (Ondansetron). Therefore, the request for Ondansetron 8 mg, 120 count, is not medically necessary.

**Orphenadrine Citrate, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex)<http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html><http://www.drugs.com/monograph/norflex.html>.

**Decision rationale:** Medical treatment utilization schedule (MTUS) addresses muscle relaxants. The Initial Approaches to Treatment Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that muscle relaxants seem no more effective than NSAIDs (non-steroidal anti-inflammatory drugs) for treating patients with

musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. The Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of orphenadrine. Medical records document that the patient's occupational injuries are chronic. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The use of Norflex for chronic conditions is not indicated. Medical records document the long-term use of muscle relaxants. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. The medical records and MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine Citrate (Norflex). Therefore, the request for Orphenadrine Citrate, 120 count, is not medically necessary.

**Tramadol ER 150 mg, ninety count: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM); OPIOIDS Page(s): 93-94, 113, 123; 74-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is not classified as a controlled substance by the DEA. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document the diagnoses of cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome, status post left shoulder surgery, double crush carpal tunnel syndrome, status post bilateral knee surgery with degenerative joint disease, and metatarsalgia plantar fasciitis. The medical records document significant pathology. Ultram is indicated for the management of moderate to moderately severe pain. Medical records document the stable use of Tramadol medications and regular clinic visits. Medical records support the maintenance of the Tramadol prescription. Medical records and the Chronic Pain Medical Treatment Guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol ER 150 mg, ninety count, is medically necessary.

**Terocin Patch, thirty count: 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; CAPSAICIN; NSAIDS Page(s): 111-113; 28-29; 69-70.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Terocin is a topical analgesic, containing methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. There was no documentation of post-herpetic neuralgia. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines and medical records do not support the medical necessity of topical Lidocaine, Capsaicin, or Methyl Salicylate, which are active ingredients in Terocin. Therefore, the request for Terocin Patch, thirty count, is not medically necessary.