

Case Number:	CM14-0088427		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2001
Decision Date:	09/11/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	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 Family Practice 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:

This is a 67 year old male claimant that sustained a work injury on 11/7/01 involving the low back and toes. He was diagnosed with lumbago, lumbosacral neuritis and hallux valgus deformity. He had an additional history of prostate cancer and hypertension. His pain had been chronically managed with Tramadol 150mg TID, Cyclobenzaprine 7.5 mg qid, and topical Terocin patches. His nausea secondary to medication use was treated with Odansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, a limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. A recent study that addressed this problem found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic

neuropathy or postherpetic neuralgia. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). It is recommended for a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was placed in a dosage that exceeded the recommendations above. The length of time of prior use was not provided. The request for Tramadol is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-emetics.

Decision rationale: Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. There is no indication that the claimant is getting current treatment for his prostate cancer. Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Based on the clinical notes and guidelines above the request for Ondansetron is not medically necessary.

Terocin patch QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 11-112.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug that is not recommended and therefore, the request for Terocin patches is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, 63.

Decision rationale: According to the MTUS guidelines Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The length of time of prior use was not provided. The request for Flexeril is not medically necessary.