MAXIMUS Federal Services

Case Number:	CM14-0089815		
Date Assigned:	07/23/2014	Date of Injury:	07/29/2010
Decision Date:	09/18/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

This is a 61-year-old male who reported an industrial injury to the neck on 7/29/2010, over four years ago, attributed to the performance of his customary job tasks. The patient complained of neck pain radiating to the right upper extremity (RUE). The patient was reportedly authorized surgery for the C3-C4 anterior cervical discectomy and fusion. The patient was noted to be depressed. The objective findings on examination included diminished range of motion to the cervical spine; pain with range of motion; pain limited manual testing at the bilateral shoulder external rotator and elbow flexors. Electrodiagnostic studies dated 5/27/2014 documented evidence of rights the for radiculopathy. The magnetic resonance imaging (MRI) of the cervical spine dated 5/27/2014 documented evidence of C3-C4 foraminal stenosis and C5-C6 foraminal stenosis. The patient was diagnosed with cervical radiculopathy; cervical degenerative disc disease; cervical spinal stenosis; and depression the treatment plan included Reglan 5 mg three times per day (TID); Naprosyn 550 mg two times per day (b.i.d.) and Terocin topical solution as needed. The patient was also taking Norco 10/325 mg up to six per day; Flexeril 10 mg; Soma 350 mg; Nortriptyline 25 mg at bedtime (QHS); and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg two times per day (B.I.D.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications For Chronic Pain and NSAIDs.

Decision rationale: The use of Naprosyn 550 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that over the counter (OTC) NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Naprosyn 550 mg #60 is not demonstrated to be medically necessary.

Terocin topical solution as needed (P.R.N.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications (Topical Analgesics, Topical Salicylate) Page(s): 105, 67-68, 111-113.

Decision rationale: The prescription for Terocin solution is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no orthopedic clinical documentation submitted to demonstrate the use of the topical solutions for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical NSAID medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Terocin solution is not medically necessary for the treatment of the patient for the diagnosis of chronic neck pain. The patient is 4 years status post date of injury (DOI) and has exceeded the time period recommended for topical treatment. There are alternatives available over the counter (OTC) for the prescribed topical analgesics. The use of the topical solutions does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of solutions on areas that are not precise. The volume applied and the times per day that the solutions are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of solutions to the oral medications in the same drug classes. There is no demonstrated evidence

that the topicals are more effective than generic oral medications. The prescription for Terocin solution is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin solution is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain. There is no documented medical necessity for the prescribed Terocin solution for the effects of the industrial injury.

Reglan 5mg three times per day (TID): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=16313&search=metoclopramide+and+reglan.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 67-68.

Decision rationale: The patient has been prescribed Reglan for gastroesophageal reflux disease (GERD). There is no evidence that medications prescribed have caused GERD. There are no objective findings on examination consistent with the effects of GERD. There is no rationale supported with objective evidence by provider to explain the medical necessity of Reglan for the effects of the industrial injury. The prescription of Reglan appears to have been prescribed beyond the recommended 12-week duration of treatment. The potential side effects of Reglan are not in favor of continued use of Reglan beyond a recommended 12 week time period. There is no documented efficacy attribute to Reglan documented by provider. The use of Reglan is not recommended by the CA MTUS due to the potential side effects such as permanent tardive dyskinesias. The use of Reglan (metoclopramide) tablets is recommended for adults only. Therapy should not exceed 12 weeks in duration. Reglan is recommended for the short-term treatment of Symptomatic Gastroesophageal Reflux. Reglan (metoclopramide) tablets are indicated as short-term (4 to 12 weeks) therapy for adults with symptomatic, documented gastroesophageal reflux who fail to respond to conventional therapy. There is no demonstrated medical necessity for the continued prescription of Reglan.