

Case Number:	CM14-0090632		
Date Assigned:	07/23/2014	Date of Injury:	08/29/2012
Decision Date:	09/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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, and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old female who reported an injury 08/29/2012. The mechanism of injury was not documented in submitted report. The injured worker has diagnoses of status post lumbar fusion at the L4-5 and L5-S1 level, left knee medial meniscus tear, right knee medial meniscus tear and medication induced gastritis. The injured worker's past medical treatments include surgery, physical therapy, aquatic therapy, trigger point injections and medication therapy. Medications include Norco 10/325 mg 8 tablets per day, Anaprox 550 mg 1 tablet 2 times a day, Prilosec 20 mg 1 tablet 2 times a day and Flexmid 7.5 before bedtime. An Electromyogram (EMG) of the lower extremities performed on 08/24/2013 revealed bilateral L4-5 radiculopathy, lumbar provocative discogram performed on 05/20/2013 revealed unequivocal positive provocative discogram at L4-5 and L5-S1 with completely negative controls at L1-2 and L2-3 and for the most part at L3-4. The L3-4 disc was painful, but nearly as painful as the other discs. MRI performed on 04/12/2012 revealed straightening of the lumbar spine. At the L5-S1 there was a 4 mm to 5 mm broad based bulge with a posterior annular tear with right moderate foraminal stenosis. Right knee MRI performed 12/03/2012 revealed a flap tear involving the posterior horn of the medial meniscus. Same MRI done on the left knee revealed a flap tear involving the body of the medial meniscus extending into the apex of the posterior horn. The injured worker is postop lumbar fusion of the L4-5 and L5-S1 on 02/21/2014. The injured worker complained of low back pain and muscle spasms. The injured worker also complained of myalgia, aches and pains throughout her whole body, which are a significant setback. There were no measurable pain levels documented. Physical examination dated 05/28/2014 of the lumbar spine revealed a flexion of 45 degrees, extension of 15 degrees, left lateral bend of 20 degrees and a right lateral bend of 20 degrees. Deep tendon reflexes of the right and left patellae were 2+ and Achilles tendons were 2+. Motor strength testing of the knee flexion revealed 5/5

bilaterally, knee extension was 5/5 bilaterally. Ankle flexion was 4/5 on the right and 5/5 on the left, ankle extension was 5/5 bilaterally and great toe extension was 5/5. Sensory examination to the Wattenberg pinprick wheel was decreased in approximately the L4-5 distribution on the right. Straight leg raise in modified sitting position was positive on the right at 65 degrees. The injured worker's treatment plan is for the injured worker to continue medication therapy which includes Naproxen Sodium, Omeprazole, Ondansetron, Tramadol, Orphenadrine and Terocin patches. The rationale for the request is that the provider is hoping that the continuation of the medication will assist with the varied pain levels the injured worker is having during physical therapy. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tab 550mg, take 1 every 12 hrs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Naproxen Sodium, page(s) 72-73 Page(s): 72-73.

Decision rationale: The request for Naproxen Sodium tab 550mg, take 1 every 12 hrs. #120 is medically necessary. The injured worker also complained of myalgia, aches and pains throughout her whole body, which are a significant setback. There were no measurable pain levels documented. The California MTUS guidelines indicate that Naproxen Sodium is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, Naproxen is recommended for relief of osteoarthritis but is also states that it is recommended at its lowest effective dose and in shortest duration of time. Submitted reports dated back to 06/04/2013; show that the injured worker was taking naproxen. Long term use of naproxen has them at high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend the Naproxen Sodium be given at its lowest effective dose, which is 250 mg. Given that the request is for 550 mg, it exceeds the MTUS Guidelines. Furthermore, the duration was not submitted in the request. The efficacy of the medication was not provided in the support continuation. As such, the request for Naproxen Sodium 550 mg is medically necessary.

Omprezole 20 mg 1 orally (po)12 h as needed (prn) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s) 68-69 Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg 1 orally po 12 h as needed (prn) #120 is medically necessary. The injured worker also complained of myalgia, aches and pains throughout her whole body, which are a significant setback. There were no measurable pain levels documented. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any quantified evidence indicating that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by evidence based guidelines. Additionally, the request failed to include duration of the medication. As such, the request for Omeprazole is not medically necessary and appropriate.

Ondansetron 8mg ODT 1 (as needed) prn #30: Upheld

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

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

Decision rationale: The request for Ondansetron 8mg ODT 1 (as needed) prn #30 is not medically necessary. ODG guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. 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. The submitted report showed that the injured worker had been taking Ondansetron since at least 02/21/2014. Guidelines state that the use of Ondansetron should be short term, not long term for chronic use. The side effects should diminish over days to weeks. If not, then other etiologies of symptoms should be evaluated. Furthermore, the duration of the Ondansetron was not submitted with the request. As such, the request for Ondansetron is medically necessary.

Orphenadrine Citrate 1 (orally) po q8/(as needed) prn #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), (Orphenadrine), Page(s) 63-65 Page(s): 63-65.

Decision rationale: The request for Orphenadrine Citrate 1 (orally) po q8 (as needed) prn #120 is medically necessary. The injured worker also complained of myalgia, aches and pains throughout her whole body, which are a significant setback. There were no measurable pain levels documented. According to the California MTUS, Orphenadrine is a non-sedating

recommended muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The request submitted did not specify the duration of the medication. There was also no quantified information regarding pain relief. There was nothing noted as to whether the above medication helped the injured worker with any functional deficits. Furthermore, there was no assessment regarding current pain on a VAS, average pain, intensity of pain or longevity of pain. In addition, there was no mention of a lack of side effects. Given the above, the request for Orphenadrine is not supported by the California MTUS Guideline recommendations. As such, the request for Orphenadrine is medically necessary.

Tramadol ER 150 mg 1 a day pan #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol), page(s) 78, 93-94 Page(s): 78, 93-94.

Decision rationale: The request for Tramadol ER 150 mg 1 a day pan #90 is not medically necessary. The injured worker also complained of myalgia, aches and pains throughout her whole body, which are a significant setback. There were no measurable pain levels documented. The California Treatment Utilization Schedule (MTUS) Guidelines state central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS Guidelines also state that there should be a current pain assessment that should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. As per guidelines, recommendations state that Tramadol is not recommended as a first line oral analgesic. The report lacked any evidence of effectiveness of the medication. There were no notes suggesting what pain levels were before, during and after medication. There was no documentation of the 4 A's to include analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. A submitted report of a drug screen was included, dated 03/19/2014, which revealed that the injured worker was not in compliance with the MTUS Guidelines. The concluded results read inconsistent with prescription medications. Furthermore, the request submitted did not include duration for the Tramadol. Given that the documentation

submitted for review lacked evidence and did not meet the MTUS criteria, the request for Tramadol is not medically necessary.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Terocin), page(s) 112 Page(s): 112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. Terocin patches consists of Lidocaine 4% and Menthol 4%. CA MTUS states Lidocaine in a transdermal application is recommended for Neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a Tri-Cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritic. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Only FDA-approved products are currently recommended. The submitted report lacked documentation showing that the injured worker had a diagnosis of neuropathic pain. The guidelines also state that Lidocaine is recommended for localized peripheral pain. However, there was no documentation submitted in the report that the injured worker had such pain. Furthermore, there was no evidence noted in the submitted report showing the outcome of the use of first line therapies such as tricyclic's or SNRI antidepressants or AEDs, such as gabapentin or Lyrica. Also, the efficacy of the requested medication was not documented to support continuation of the medication. The submitted request also did not specify the duration or frequency of the medication. As such, the request for Terocin patches is not medically necessary.