

Case Number:	CM14-0090764		
Date Assigned:	08/13/2014	Date of Injury:	11/30/2006
Decision Date:	10/14/2014	UR Denial Date:	05/14/2014
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 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 60-year-old female with an 11/30/06 date of injury. At the time (4/29/14) of request for authorization for Naproxen Sodium Tablets 550 mg, #120, Tramadol ER 150mg, #90, Cyclobenzaprine 7.5mg, #90, Omeprazole 20mg, no quantity given, Ondansetron 8mg, no quantity given, and Terocin patch, no quantity given, there is documentation of subjective (acute exacerbation of chronic severe neck pain with decreased motion) and objective (tenderness to palpation over the cervical spine and trapezius with spasm and decreased left lateral cervical range of motion) findings, current diagnoses (chronic pain), and treatment to date (ongoing therapy with Naproxen with pain relief, ongoing therapy with Tramadol with pain relief and improvement in function, and previous brief course of therapy with Cyclobenzaprine with significant improvement in muscle spasms). Medical report identifies a request for Ondansetron for the relief of drug-induced nausea and Omeprazole for gastrointestinal symptoms secondary to Naproxen. Regarding Naproxen Sodium Tablets 550 mg, #120, there is no documentation 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 as a result of use of Naproxen. Regarding Tramadol ER 150mg, #90, 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. Regarding Cyclobenzaprine 7.5mg, #90, there is no documentation of an intention for short-term (less than two weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine. Regarding Omeprazole 20mg, no quantity given, there is no documentation of a risk for gastrointestinal event (high dose/multiple NSAID). Regarding Ondansetron 8mg, no

quantity given, there is no documentation of clinical findings of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550 mg, #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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. Within the medical information available for review, there is documentation of a diagnosis of chronic pain. In addition, there is documentation of exacerbations of chronic pain. However, despite documentation of ongoing treatment with Naproxen since at with pain relief, there is no (clear) documentation 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 as a result of use of Naproxen. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Sodium Tablets 550 mg, #120 is not medically necessary.

Tramadol ER 150mg, #90: Upheld

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

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

Decision rationale: 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. In addition, 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. 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. Within the medical information available for review, there is documentation of a diagnosis of chronic pain. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs). Furthermore, given documentation of ongoing therapy with Tramadol with pain relief and improvement in function, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Tramadol. 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 150mg, #90 is not medically necessary.

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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) 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 a diagnosis of chronic pain. In addition, there is documentation of acute exacerbation of chronic pain. However, given documentation of a request for request for Cyclobenzaprine 7.5mg, #90, there is no documentation of an intention for short-term (less than two weeks) treatment. In addition, despite documentation of a previous brief course of therapy with Cyclobenzaprine with significant improvement in muscle spasms, there is no (clear) documentation 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 as a result of use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg, #90 is not medically necessary.

Omeprazole 20mg, no quantity given: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory, gastrointestinal symptoms and car.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. 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 risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of chronic pain. In addition, there is documentation of chronic NSAID therapy. However, despite documentation of a request for Omeprazole for gastrointestinal symptoms secondary to Naproxen, there is no documentation of supportive clinical findings of gastrointestinal symptoms and a risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg, no quantity given is not medically necessary.

Ondansetron 8mg, no quantity given: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter

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)

Decision rationale: MTUS does not address the issue. 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 a diagnosis of chronic pain. However, despite documentation of a request for Ondansetron for the relief of drug-induced nausea, there is no documentation of clinical findings 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 8mg, no quantity given is not medically necessary.

Terocin patch, no quantity given: Upheld

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

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 a diagnosis of chronic pain. However, Terocin contains at least one drug (lidocaine) that is not recommended. In addition, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch, no quantity given is not medically necessary.