

Case Number:	CM14-0090791		
Date Assigned:	09/10/2014	Date of Injury:	07/23/2011
Decision Date:	10/15/2014	UR Denial Date:	05/19/2014
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 and Rehabilitation 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 a 53 year old male who was injured on 07/23/2011. The mechanism of injury is unknown. Progress report dated 04/08/2014 documented the patient to have complaints of left knee pain. The patient has received an injection which provided him with temporary relief. He reported continued popping of his left knee. On exam there is paravertebral muscle and positive axial loading compression testing. He had generalized weakness in the bilateral upper extremities which is quite pronounced. The lumbar spine revealed pain and tenderness in the mid to distal lumbar segments. There is standing flexion and extension guarding and restriction. The left knee revealed pain and tenderness in the anterior joint space. There is positive patellar grind test. There is subluxation of the patella and positive McMurray's. Anterior drawer test and posterior pivot shift test are negative. The patient is diagnosed with cervical discopathy, lumbar discopathy, and status post left knee arthroscopy. The patient was prescribed ondansetron ODT for nausea and headaches, orphenadrine citrate as a sleeping aid, tramadol for acute severe pain, and Terocin patch for mild to moderate acute aches or pain. Prior utilization review dated 05/19/2014 states the request for Ondansetron ODT 8mg #30 is denied as medical necessity has not been established and Orphenadrine Citrate #120 is modified to certify orphenadrine citrate #20; Tramadol HCL ER 150 mg #90 is modified to certify Tramadol HCL ER 150 mg #60; Terocin patch #30 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Pain, last updated 4/10/14 and Mosby's Drug Consult, Zofran/ Ondansetron

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The patient is a 53 year old male who was injured on 07/23/2011. The mechanism of injury is unknown. Progress report dated 04/08/2014 documented the patient to have complaints of left knee pain. The patient has received an injection which provided him with temporary relief. He reported continued popping of his left knee. On exam there is paravertebral muscle and positive axial loading compression testing. He had generalized weakness in the bilateral u

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Antiemetics (for opioid nausea) are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is also FDA-approved for gastroenteritis. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not medically necessary according to the guidelines.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodics drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC- Pain Procedure Summary, last updated 4/10/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, gen.

Decision rationale: Orphenadrine (Norflex) 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. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, the medical records do not document the presence of substantial muscle spasm refractory to first line treatments. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request is not medically necessary per MTUS Guidelines.

Tramadol HCL ER 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program or modalities such as hot/cold. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of the request has not been established.

Terocin patch #30: 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 Analgesic Page(s): 111-113.

Decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS states that only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral neuropathic 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.