

Case Number:	CM14-0096262		
Date Assigned:	08/11/2014	Date of Injury:	04/05/2013
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 Geriatrics and is licensed to practice in New York. 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 54 year old man with a date of injury of 4/5/13. He was seen by his primary treating physician on 5/8/14 with complaints of constant pain in his cervical spine and shoulders. His exam showed tenderness at the cervical spine, shoulders and lumbar spine with a positive straight leg raise. He had a positive Spurling and decreased range of motion. His diagnosis was cervicalgia. At issue in this review are multiple prescriptions. The length of prior therapy is not documented in the note. These include: naproxen for inflammation and pain, orphenadrine for muscle relaxation and sleep aide, ondansetron for nausea associated with headaches from chronic cervical spine pain, omeprazole for GI symptoms, tramadol for acute severe pain, Norco for acute severe pain and terocin patches for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This 54 year old injured worker has chronic back and neck pain with limitations in range of motion and tenderness noted on physical examination. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify long-term use. He is also receiving opioid analgesics and the naproxen 550 mg is not medically necessary.

Omeprazole 20 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This 54 year old injured worker has chronic back and neck pain with limitations in range of motion and tenderness noted on physical examination. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria and is therefore not at high risk of gastrointestinal events to justify medical necessity of omeprazole. Such as, Omeprazole 20 mg is not medically necessary.

Ondansetron 8 mg, QTY: 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 (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 04/10/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug Information.

Decision rationale: This 54 year old injured worker has chronic back and neck pain with limitations in range of motion and tenderness noted on physical examination. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Ondansetron is indicated for prevention of nausea and vomiting associated with chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being prescribed to

counter the potential side effects of nausea related to headaches. Therefore, Ondansetron 8 mg is not medically necessary.

Orphenadrine Citrate, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 10/14/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This 54 year old injured worker has chronic back and neck pain with limitations in range of motion and tenderness noted on physical examination. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD notes fail to document any improvement in spasms, functional status or side effects to justify long-term use. The orphenadrine has been prescribed for long-term use and therefore Orphenadrine Citrate is not medically necessary.

Tramadol ER 150mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: This 54 year old injured worker has chronic back and neck pain with limitations in range of motion and tenderness noted on physical examination. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or side effects to justify long-term use. The Tramadol ER 150mg is not medically necessary.

Terocin Patches, QTY: 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 9792.20 - 9792.26 Page(s): 56-57 and 112.

Decision rationale: This 54 year old injured worker has chronic back and neck pain with limitations in range of motion and tenderness noted on physical examination. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Terocin includes topical lidocaine and menthol. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia which this worker does not have. This injured worker has chronic neck and back pain. He receives multiple medications for this pain and it is not documented which medications are effective for his pain and side effects and functional status are also not documented. Therefore, Terocin Patches are not medically necessary.