

Case Number:	CM14-0096274		
Date Assigned:	09/15/2014	Date of Injury:	04/05/2013
Decision Date:	12/24/2014	UR Denial Date:	06/04/2014
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 Internal Medicine 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:

This is 54 year old male who sustained industrial events which accrued during his course of employment from 5/18/1981-04/04/2013. He has diagnoses of cervicalgia, elbow and shoulder pain, and lumbago. Treatment has included medications, and chiropractic sessions, physical therapy with a home exercise program. Magnetic Resonance Imaging of the cervical spine done 10/7/2013 revealed exaggeration of the usual cervical lordosis which may be associated with spasm, Cervical 4-Cervical 5 disc level reveals a 2mm posterior bulge, with nerve root compromise, and Cervical 5-Cervical 6 disc level reveals a 2mm posterior bulge with no nerve root compromise. The Magnetic Resonance Imaging of the lumbar spine done 10/7/2013 revealed Lumbar 5-Sacral 1 3-4 mm posterior disc protrusion with nerve root compromise traversing and exiting. The injured worker continues to complain of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. There is radiation of pain into the upper extremities, and he has headaches that are migrainosus in nature as well as tension between the shoulder blades. Pain remains unchanged and is at level 8 out of 10. Constant pain in his low back is present that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing and walking multiple blocks. The pain is sharp and there is radiation of pain into the lower extremities. On a scale of 1-10, his pain is a 7. The injured worker continues to work full duty. The request for authorization dated 05/20/2014 was for the following medications: Cyclobenzaprine Hydrochloride 7.5mg #120, Sumatriptan 25mg, #18, Ondansetron ODT tablets 8 mg, #30 x 2 #60, Tramadol 150 mg #90, and Medrox patches #30. On 6/4/2014 A Utilization Review non-certified the following medications: Cyclobenzaprine Hydrochloride 7.5mg #120, citing California MTUS, and Official Disability Guidelines recommends muscle relaxants are for short term usage with a duration of less than 2 weeks. Sumatriptan 25mg, #18

is not certified citing Official Disability Guidelines-Head, stating that Triptans are recommended for migraine sufferers, and documentation is lacking. Ondansetron ODT tablets 8 mg, #30 x 2 #60 is not certified citing Official Disability Guidelines-Treatment in Workers' Comp-Pain-states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Tramadol 150 mg #90 was not certified using California MTUS, Chronic Pain-Opioid use guidelines. Medrox patches #30 was not certified citing California MTUS guidelines that state topical analgesics are recommended as an option in certain circumstances. Topical analgesics are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of cervical pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per CA MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established.

Sumatriptan 25 mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Procedure Summary

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

Decision rationale: There is no documentation provided indicating the claimant has a diagnosis of migraine headaches on the basis of his work related injury. There is no documentation of the location, prodromal symptoms, nature and extent of the headaches. There is also no documentation of trigger events. He has cervical disc disease and is maintained on multiple medications including opiates, nonsteroidal anti-inflammatory medications, muscle relaxants and anxiolytics that are indicated for the treatment of cephalgia related to muscle tension or stress. There is no established diagnosis of migraines for which tryptans such as Sumatriptan are

medically indicated. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Ondansetron ODT tablets 8 mg, #30 x 2 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation

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

Decision rationale: Ondansetron (INN), originally marketed under the brand name Zofran, is a serotonin 5-HT₃ receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Per ODG antiemetics are not recommended for the treatment of nausea and vomiting secondary to chronic opioid use. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Tramadol 150 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Tramadol 50 mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.

Medrox patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Medrox Patch. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments there is no documentation of failure to oral medication therapy. The requested treatment is not medically necessary.