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| <b>Case Number:</b>   | CM14-0096457 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 01/12/2009 |
| <b>Decision Date:</b> | 10/31/2014   | <b>UR Denial Date:</b>       | 05/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Physical Medicine & 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 injured worker is a 35-year-old male who reported an injury on 01/12/2009 while working as a [REDACTED], in the Corrections Department, was involved in an altercation with an inmate, as a result, suffered a fracture to the left hand, and injuries to the arm, shoulder, and elbow. The injured worker complained of neck and left shoulder pain. The diagnoses included degeneration of the cervical intervertebral disc, cervical disc displacement, and cervical radiculopathy or radiculitis. The past treatments included surgery, physical therapy, and medication. The medications included Prilosec, OxyContin, Percocet, Anaprox, Cyclobenzaprine, Metabolic supplement, and Glutamine capsules. The objective findings dated 07/29/2014 of the cervical spine revealed tenderness to palpation over the trapezial muscle. The range of motion included a restricted forward flexion, backward extension. The forward flexion measured 45 degrees; backward extension was 45 degrees, right lateral tilt 30 degrees, and a left lateral tilt of 30 degrees. Upper extremity reflexes were 1+. The upper extremities' sensation to light touch was diminished over the C6 dermatomes, and over the C7 dermatomes. The treatment plan included Naproxen Sodium, Orphenadrine Citrate, Ondansetron ODT, Omeprazole, Tramadol and Terocin patch. The request for authorization was not submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium Tablets 550mg #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The request for Naproxen Sodium tablets 550 mg #100 is not medically necessary. The California MTUS indicates that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the clinical notes, the injured worker did not have a diagnosis of osteoarthritis. The request did not address the frequency or duration. As such, the request is not medically necessary.

**Orphenadrine Citrate ER 100mg (Norflex) #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

**Decision rationale:** The request for Orphenadrine Citrate ER 100 mg (Norflex) #120 is not medically necessary. The California MTUS indicate that Orphenadrine is used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. 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 guidelines indicate that Orphenadrine is similar to Diphenhydramine. The mechanism of action for most of these agents is unknown. The urinalysis dated 06/03/2014 revealed that the injured worker was negative for muscle relaxants. The request did not indicate the frequency. As such, the request is not medically necessary.

**Ondansetron ODT Tablets 8mg #30 X2 = 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 Pain 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) Pain, Anti-Emetics.

**Decision rationale:** The request for Ondansetron ODT tablets, 8 mg #30 x2 = 60, is non-certified. The Official Disability Guidelines indicate that this drug is a serotonin 5-HT<sub>3</sub> 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 FDA-

approved for gastroenteritis. Zofran is also used for chemotherapy-induced nausea. As such, the request is not medically necessary.

**Omeprazole Delayed-Release Capsules 20mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 70.

**Decision rationale:** The request for Omeprazole Delayed-Release Capsules 20mg #120 is not medically necessary. The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation was not evident that the injured worker had lab work that consisted of a liver transaminases. As such, the request is not medically necessary.

**Tramadol Hydrochloride 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 Tramadol Chronic Pain Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for tramadol hydrochloride ER 150 mg #90 is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain that included the efficacy of the medication. The urinalysis dated 06/03/2014 showed that the injured worker was positive for Tramadol, however indicated that the injured worker was not prescribed the medication. The request did not address the frequency. As such, the request is not medically necessary.

**Terocin Patch 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 Topical Salicylate, Topical Analgesic, Lidocaine Page(s): 105; 111; 112.

**Decision rationale:** The request for Terocin patch, quantity 30, is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical Lidocaine (Lidoderm) 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). ...No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The request did not indicate the frequency or dosage. As such, the request is not medically necessary.