

Case Number:	CM14-0096484		
Date Assigned:	07/28/2014	Date of Injury:	08/23/2012
Decision Date:	12/23/2014	UR Denial Date:	06/11/2014
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 Emergency Medicine, 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:

Patient with reported date of injury on 8/23/2012. No mechanism of injury was documented. Patient has a diagnosis of lumbar discopathy, post right knee arthroscopy with debridement and left knee sprain. Medical reports reviewed. Last report available until 4/28/14. Patient complains of constant back pain and R knee pain. Tenderness to lumbar spine with spasm with R knee joint line pain. Positive straight leg raise. Positive patellar compression. Tenderness with motion. Request for authorization is dated 6/3/14 and does not provide any appropriate documentation except for generic information from a template. No imaging or electrodiagnostic reports were provided. No medication list was provided. It is unclear what medications is taking from the documentation. Patient has had physical therapy. Independent Medical Review is for Orphenadrine(Norflex) ER 100mg #120, Ondansetron ODT 8mg #30 with 2refills, Omeprazole 20mg #120, Tramadol ER 150mg #90 and Terocin patch #30. Prior UR on 6/11/14 recommended modification of Norflex to #60 and certified Naproxen. It recommended non-certification for other request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100 mg (Norflex) #120: 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 Muscle Relaxants(for pain) Page(s): 63-65.

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Patient appears to be on this chronically. However, there is no documentation of improvement in muscle spasms or close monitoring for side effects by medical provider, Norflex is not recommended. Norflex is not medically necessary.

Ondansetron ODT Tablets 8 mg #30 x 2: Upheld

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

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

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guidelines (ODG), antiemetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation provided by treating physicians does not document why this was prescribed. There is no documentation of nausea. The number of tablets prescribed does not meet criteria for short term use. Ondansetron is not medically necessary.

Omeprazole Delayed Release Capsules 20 mg #120: 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 NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: There is no documentation provided as to why Prilosec was requested. Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is on Naproxen. Omeprazole is not medically necessary.

Tramadol Hydrochloride ER 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 Opioids Page(s): 76-78.

Decision rationale: Tramadol/ Ultram is a mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is no documentation as to why this medication was requested. Patient appears to be on other opioids such as Percocet's. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

Terocin Patch Quantity 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: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has reportedly decreased pain and reduced medication use. It is not recommended due to no documentation of prior treatment failure. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. Since all components are not recommended, the combination medication Terocin, as per MTUS guidelines, is not recommended.