MAXIMUS Federal Services

Case Number:	CM14-0097501		
Date Assigned:	07/28/2014	Date of Injury:	09/17/2009
Decision Date:	09/09/2014	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female who reported an injury on 09/17/2009. The mechanism of injury was a motor vehicle accident. The diagnoses included cervical spine herniated disc with radiculopathy, fibromyalgia syndrome, low back trauma, and cervical lumbar paraspinal myofascial pain syndrome. The previous treatments included yoga, physical therapy, medication, and a TENS unit. Within the clinical note dated 05/21/2014, it was reported the injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She complained of pain throughout her lumbar spine and lower extremities. Upon physical examination, the provider noted tenderness to palpation throughout the cervical spine and upper quadrants bilaterally. The provider requested for naproxen, omeprazole, ondansetron, orphenadrine citrate, Terocin patches, and tramadol. The rationale and Request for Authorization were not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66,67.

Decision rationale: The request for naproxen sodium tablets 550 mg #120 is not medically necessary. The injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She reported the pain varied from mild to severe. She complained of pain throughout her lumbar spine and lower extremities. The California MTUS Guidelines note naproxen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of documentation indicating the injured worker's was treated for or diagnosed with osteoarthritis. It appears the injured worker has been utilizing the medication since at least 03/2013. There is a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg #120 is not medically necessary. The injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She reported the pain varied from mild to severe. She complained of pain throughout her lumbar spine and lower extremities. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65; history of peptic ulcer; gastrointestinal bleeding or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H-2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. The documentation submitted did not indicate the injured worker was at risk for gastrointestinal events. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Ondansetron 8 mg ODT #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), Pain.

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

Decision rationale: The request for ondansetron 8 mg ODT #30 is not medically necessary. The injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She reported the pain varied from mild to severe. She complained of pain throughout her lumbar spine and lower extremities. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 03/2013. Additionally, the medical necessity for the request was not warranted. Therefore, the request is not medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The request for orphenadrine citrate #120 is not medically necessary. The injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She reported the pain varied from mild to severe. She complained of pain throughout her lumbar spine and lower extremities. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of objective findings indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 03/2013, which exceeds the guideline recommendations of short-term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. Therefore, the request is not medically necessary.

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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. The injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She reported the pain varied from mild to severe. She complained of pain throughout her lumbar

spine and lower extremities. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Terocin patch contains lidocaine and menthol. Topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage. The request submitted failed to provide the frequency. The injured worker has been utilizing the medication since at least 03/2013, which exceeds the guideline recommendations of short-term use. Therefore, the request is not medically necessary

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol ER 150 mg #90 is not medically necessary. The injured worker complained of constant chronic pain from the sub-occipital region bilaterally. She reported the pain varied from mild to severe. She complained of pain throughout her lumbar spine and lower extremities. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.