

Case Number:	CM14-0097710		
Date Assigned:	07/28/2014	Date of Injury:	06/13/2012
Decision Date:	09/23/2014	UR Denial Date:	06/15/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old male who was injured on 6/13/2012. He was diagnosed with carpal tunnel syndrome, cubital tunnel syndrome, cervicalgia, lumbago, left shoulder pain, left hand/wrist pain, and left elbow pain. Previous to his injury, he had the diagnosis of carpal tunnel syndrome and had bilateral carpal tunnel release surgery. After the injury, however, he was treated with left carpal tunnel release surgery (left revision on 3/7/14), physical therapy, and oral and topical medications. On 4/14/14, the worker was seen by his treating physician reporting doing well after his left wrist surgery, but hadn't yet started post-operation physical therapy at the time. Physical examination revealed a well healed incision, but with some swelling, decreased strength, and decreased range of motion of his left wrist/hand. Later, on 5/30/2014, a refill request for Naproxen, orphenadrine, ondansetron, omeprazole, tramadol, and Terocin patches was made for the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Lidoderm (lidocaine patch), Topical Analgesics, Lidocaine Page(s): 56-57,112.

Decision rationale: Terocin is a combination analgesic medication that includes lidocaine and menthol as its primary active ingredients. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, if the surgery was successful, he would likely not have any neuropathic pain anymore. However, if he did, this was not documented in the progress notes provided for review. Also, physical findings that were documented did not reveal this either. Without an up to date and clear diagnosis of neuropathic pain, the request for Terocin is not medically necessary.

Ondansetron, 8 mg, QTY: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Anti-emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, there was no evidence of nausea reported by the worker leading up to the request. Without clear documentation of this complaint and medical problem, the request for Ondansetron is not medically necessary.

Orphenadrine Citrate, QTY: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged

use may lead to dependence. In the case of this worker, there was use of muscle relaxants for beyond what would be considered short-term use, and considering the request for orphenadrine being for 120 pills, this is suggesting an intention to treat the patient chronically with this medication, which is not medically necessary and appropriate.