

Case Number:	CM14-0101021		
Date Assigned:	07/30/2014	Date of Injury:	04/17/2000
Decision Date:	03/30/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 04/17/2000. The medications included naproxen sodium 550, omeprazole 20 mg, glucosamine/ chondroitin, and tizanidine hydrochloride were utilized as of 01/2013 and opiates, Terocin patches and Ondansetron since at least 01/2014. The injured worker underwent an MRI of the knee and electrodiagnostic studies. The injured worker was noted to have right knee and foot surgeries x15 between the years of 2000 and 2009. The documentation of 04/30/2014 revealed the injured worker had constant knee pain and wanted medications. The prescription included tramadol. The physical examination and documentation were handwritten and difficult to read. The diagnosis included knee pain. The documentation of 06/06/2014 revealed the injured worker was to utilize naproxen sodium for inflammation and pain, orphenadrine citrate as a muscle relaxant and sleep aid, ondansetron for nausea associated with headaches for chronic cervical spine pain, omeprazole for GI symptoms, and tramadol for acute severe pain. The injured worker was to use Terocin patches for the treatment of mild to moderate acute or chronic aches and pains. The documentation of 06/11/2014 Request for Authorization revealed the injured worker was to take Cymbalta and could not take tramadol for the date of service 04/23/2014.

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 Non-steroidal anti-inflammatory drugs (NSAIDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication and the injured worker was utilizing the medication since at least 01/2013. Given the above and the lack of documentation of exceptional factors, the request for naproxen sodium tablets 550 mg #100 is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC): Pain Procedure Summary last updated 05/15/2014-Formulary.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation of 06/06/2014 indicated the injured worker was being prescribed the orphenadrine citrate as a muscle relaxant and a sleep aid. The documentation indicated the injured worker had utilized this classification of medication since at least 01/2013. There was a lack of documentation of objective functional benefit and there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine citrate ER 100 mg (Norflex) #120 is not medically necessary.

Ondansetron ODT 8 mg tablets, #30, times two (2) equals sixty (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 (ODG) - Treatment for Workers Compensation (TWC): Pain Procedure Summary last updated 05/15/2014-Anti-emetics for opioid nausea; Mosby's Drug Consult

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

Decision rationale: The Official Disability Guidelines indicate that ondansetron is not recommended for nausea caused by opioids or medications. It is recommended as a postsurgical treatment and for cancer patients. The documentation indicated the injured worker was utilizing the medication for nausea with headaches due to chronic cervical spine pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 60 tablets. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ondansetron ODT 8 mg tablets #30 x2 equals 60 is not medically necessary.

Omeprazole Delayed-Release Capsules 20mg, #120.: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had GI symptoms. The injured worker was noted to be utilizing the medication since at least 01/2013. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole delayed release capsules 20 mg #120 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating the injured worker had objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol hydrochloride ER 150 mg #90 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 Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and 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 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 (tricyclic or SNRI antidepressants 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. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The documentation indicated injured worker utilizing the medication since at least 01/2014. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Terocin patch #30 is not medically necessary.