

Case Number:	CM14-0104964		
Date Assigned:	07/30/2014	Date of Injury:	07/03/2013
Decision Date:	03/26/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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
 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 41 year old male, who sustained an industrial injury on 7/3/2013. The diagnoses have included cervicalgia and lumbago. Treatment to date has included medications. According to the Primary Treating Physician's Progress Report from 4/28/2014, the injured worker complained of constant back pain. Physical exam revealed tenderness at the lumbar spine with spasm and decreased range of motion. The Request for Authorization from 6/3/2014 was for Naproxen Sodium, Orphenadrine Citrate, Ondansetron ODT, Omeprazole, Tramadol HCL and Terocin Patches. On 6/12/2014, Utilization Review (UR) non-certified a request for Ondansetron ODT tablets 8mg #30, Orphenadrine Citrate #120, Tramadol Hydrochloride ER 150mg #90 and Terocin Patches #30, citing Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 5/15/14 and Mosby's Drug Consult, Zofran

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Ondansetron (Zofran)

Decision rationale: This patient presents with back pain. The treater has asked for ONDANSETRON ODT TABLETS 8MG #30 but the requesting progress report is not included in the provided documentation. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but 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. The patient's work status is not included in the provided documentation. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. The request IS NOT medically necessary.

Orphenadrine citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Antispasticity/ Antispasmodic Drugs. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 5/15/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with back pain. The treater has asked for ORPHENADRINE CITRATE #120 but the requesting progress report is not included in the provided documentation. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS further states: "Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The patient's work status is not included in the provided documentation. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.

Tramadol Hydrochloride ER 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain. The treater has asked for TRAMADOL HYDROCHLORIDE ER 150MG #90 but the requesting progress report is not included in the provided documentation. It is not know how long patient has been taking Tramadol, but the utilization review letter dated 6/12/14 states that Tramadol was previous non-certified in a prior utilization review dated 8/19/13 in order for it to be weaned. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's work status is not included in the provided documentation. In this case, the treater does not indicate a decrease in pain with current medications which include Tramadol. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. 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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with back pain. The treater has asked for TEROGIN PATCH #30 but the requesting progress report is not included in the provided documentation. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. The patient's work status is not included in the provided documentation. In this case, the patient presents with a chronic pain condition. From the limited documentation provided, it appears this patient does not present with symptoms of peripheral neuropathy. The requested Terocin Patches would not be indicated for this case. The request IS NOT medically necessary.