

Case Number:	CM14-0115702		
Date Assigned:	08/04/2014	Date of Injury:	04/03/2013
Decision Date:	03/26/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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:

This 61 year old male sustained a work related injury on 04/03/2013. According to a progress report dated 02/25/2014, the injured worker complained of neck pain and low back pain. Physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscle upper trapezial muscle with spas. There was pain with termination motions. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segment. There was pain with terminal motion. Seated nerve root test were positive. There was dysesthesia at the L5-S1 dermatome. Diagnoses included status post C5 through C7 fusion with C3 to C5 junctional level pathology and severe lumbar discopathy. The injured worker was temporarily totally disabled. A handwritten progress noted dated 04/22/2014 submitted for review was illegible. There were no records of a urine drug screen or a signed and updated pain contract submitted for review. On 06/25/2014, Utilization Review modified Cyclobenzaprine 7.5mg #20 and non-certified Ondansetron 8mg #80, Terocin Patch #30 and Tramadol 150mg #90. According to the Utilization Review physician, in regard to Cyclobenzaprine, the medication is not recommended to be used longer than 2-3 weeks. Partial certification was recommended. CA MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines were cited. In regard to Ondansetron, there was no documentation of ongoing complaints of nausea and vomiting. The Official Disability Guidelines were cited. In regard to Tramadol, there was no documentation of ongoing moderate to severe pain that would require an opioid level of analgesia, or measurable efficacy in term of measurable information such as pain scores and/or example of functional ability with medication use. There was not CA MTUS mandated

documentation included such as a current urine drug test, risk assessment profile, attempt at weaning/tapering and an updated and signed pain contract between the provider and claimant. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. In regard to Terocin, the report provided did not indicate failed trials of first line recommendation of oral antidepressants and anticonvulsants. There was no indication that oral pain medications were insufficient to manage symptoms or that the claimant was intolerant of unresponsive to treatments. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: MTUS guidelines page 63-66 states: "Muscle relaxants "for pain": Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, there is no discussion regarding how long the patient has been utilizing this medication and with what efficacy. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request of Cyclobenzaprine IS NOT medically necessary.

Ondansetron 8mg #80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chronic chapter, Antiemetics for opioid nausea

Decision rationale: The MTUS and ACOEM guidelines do not mention Ondansetron. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain Chronic chapter, Antiemetics, for opioid nausea: Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It 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." In this case, the 05/30/14 progress report states that Ondansetron is being prescribed to the patient for nausea associated with the headaches that are presents with chronic cervical spine pain. Given the lack of support from the guidelines for the use of this medication for nausea associated with chronic pain, 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 lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for TEROGIN PATCHES #30. There is no discussion regarding how long the patient has been utilizing Terocin patches and with what efficacy. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the 05/30/14 progress report states that Terocin patch is being prescribed for mild to moderate acute or chronic aches or pain. Per EMG/NCV studies, this patient presents with neuropathic pathology that is peripheral. However, there is no documentation showing that this peripheral pain is localized. The request IS NOT medically necessary.

Tramadol 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for TRAMADOL 150MG #90. Per the 05/30/14 progress report, the treater requested Tramadol, citing MTUS page 80 for chronic use of opioids. Regarding chronic opiate use, MTUS guidelines page 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 4A's "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 review of the reports does not show any discussion specific to this medication other than the treater's request for acute severe pain. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.