

Case Number:	CM14-0121527		
Date Assigned:	08/08/2014	Date of Injury:	06/28/2005
Decision Date:	05/20/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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: New York
 Certification(s)/Specialty: Internal Medicine

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 50 year old male, who sustained a work related injury on 6/28/05. The diagnoses have included cervical discopathy, cervicgia, right AC separation, and status post lumbar fusion L4-5. Treatments to date have included lumbar surgery. In the PR-2 dated 6/25/14, the injured worker complains of persistent cervical neck pain. He has pain that radiates down both arms with numbness and tingling. He complains of right shoulder and low back pain. He has weakness and numbness in legs. He rates his low back pain an 8/10. His pain in all areas is worsened by activity. There is tenderness to palpation of cervical neck, right shoulder and lower back. On 7/23/14, Utilization Review non-certified prescription requests for Diclofenac sodium ER (Voltaren SR) 100mg., #120, Ondansetron 8mg., #30 with 2 refills, Orphenadrine Citrate ER (Norflex) 100mg., #120, Tramadol ER 150mg., #90, Levofloxacin 750mg., #30 and Terocin patch #30. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium ER (Voltaren SR) 100 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Back Pain-Chronic low back pain; Neuropathic pain.

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

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms of neck, right shoulder and low back pain are chronic and ongoing, without documentation of significant improvement in pain or level of function. With MTUS guidelines not being met, the request for Diclofenac sodium ER (Voltaren SR) 100 mg, #120 is not medically necessary.

Ondansetron 8 mg, #30 with two refills: 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 Procedure Summary last updated 06/10/2014, Anti-emetics (for opioid nausea); Official Disability Guidelines, Pain Procedure Summary last updated 06/10/2014, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. The request for Ondansetron 8 mg, #30 with two refills is not medically necessary per guidelines

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Anti-spasticity Drugs; Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary last updated 06/10/2014.

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

Decision rationale: Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and

appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use cyclobenzaprine. The request for Orphenadrine Citrate ER, 100 mg (Norflex), #120 is not medically necessary per MTUS guidelines.

Tramadol ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Steps to take before a therapeutic trial of opioids; Initiating therapy; On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of persistent pain in the neck, right shoulder and low back. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol ER 150 mg, #90 is not medically necessary.

Levofloxacin 750 mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition Authors: Gilbert, David MD, Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD. Pages 192-196 Table 15B: Antimicrobial Prophylaxis to Prevent Surgical Infections in Adults; Official Disability Guidelines, Pain Procedure Summary last updated 02/21/2014, Bone & Joint Infections; Mosby's Drug Consult last updated 11/25/2011, Levofloxacin (Levaquin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower respiratory infections: chronic bronchitis and Other Medical Treatment Guidelines <http://www.uptodate.com/contents/levofloxacin>.

Decision rationale: ODG recommends Levofloxacin for moderate to severe exacerbation of chronic obstructive pulmonary disease (COPD) associated with purulent sputum with evidence of either shortness of breath and/or sputum volume. Per clinical guidelines, Levofloxacin is also recommended for surgical (preoperative) prophylaxis, to be administered intravenously prior to surgical incision. Documentation provided indicates plans for surgical removal if hardware. The request for Levofloxacin 750 mg, #30 is appropriate and medically necessary.

Terocin patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Non-steroidal anti-inflammatory agents (NSAIDs); Lidocaine indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin is not medically necessary.