

Case Number:	CM14-0126921		
Date Assigned:	08/13/2014	Date of Injury:	04/04/2013
Decision Date:	03/26/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 57 year old, who sustained an industrial injury on 04/04/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbago and cervicgia. Treatment to date has included medication regimen and physical therapy. In a progress note dated 06/18/2014 the treating provider reports constant, sharp pain to the cervical spine and the lower back that radiates to the upper and lower extremities along with associated symptoms of migraine headaches with tension between the shoulder blades. The injured worker rated the pain an eight on a scale of one to ten. The treating physician requested Orphenadrine ER for muscle relaxing and aid in sleep; Ondansetron for nausea associated with headaches; Tramadol Hydrochloride ER for acute severe pain; and Methoderm Gel for temporary relief of aches and muscle spasms. On 07/16/2014 Utilization Review non-certified the requested treatments for Orphenadrine Citrate ER 100mg with a quantity of 120, Ondansetron oral disintegrating tablets 8mg with a quantity of 30, Tramadol Hydrochloride ER 150mg with a quantity of 90, and Methoderm Gel with a quantity of 120, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines-Treatment In Workers' Compensation, Pain Procedure Summary (last updated 06/10/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, antiemetics

Decision rationale: Per the 06/18/14 report the patient presents with pain in the cervical spine radiating into the upper extremities with associated headaches that are migrainous in nature. There is constant lower back pain radiating into the lower extremities. The current request is for ONDANSETRON ODT TABLETS 8mg #30 per 07/10/14 RFA. As of 06/18/14 the patient is to return to full duty. ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "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." The 07/08/14 report states this medication is being prescribed for nausea associated with headaches that are present due to cervical spine pain. Chronic cervical spine pain and headaches are documented for this patient. However, guidelines state this medication is recommended for acute use for nausea and vomiting secondary to chemotherapy, radiation or postoperative use which are not documented. Furthermore, the reports provided for review show this medication has been prescribed since at least 01/31/14 and there is no documentation that this medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Orphenadrine Citrate HR 100 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Muscle relaxants Page(s): 60, 63-66.

Decision rationale: Per the 06/18/14 report the patient presents with pain in the cervical spine radiating into the upper extremities with associated headaches that are migrainous in nature. There is constant lower back pain radiating into the lower extremities. The current request is for ORPHENADRINE CITRATE HR 100 mg #120 per 07/10/14 RFA. As of 06/18/14 the patient is to return to full duty. MTUS page 63 states the following about muscle relaxants, 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 07/08/14 report states this medication is a muscle relaxant that has dual capacity as a sleep aid. Guidelines state use is intended for short

term treatment of acute exacerbations; however, the reports provided show the patient has been prescribed Ondansetron on a long-term basis since at least 05/26/14. There is no discussion of use outside guidelines, and the reports do not state whether or not this medication helps this patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Tramadol HCL ER 150 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the 06/18/14 report the patient presents with pain in the cervical spine radiating into the upper extremities with associated headaches that are migrainous in nature. There is constant lower back pain radiating into the lower extremities. The current request is for TRAMADOL HCL ER 150 mg #90 an opioid analgesic-- per 07/10/14 RFA. As of 06/18/14 the patient is to return to full duty. 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 reports provided for review state this medication is for acute severe pain and show the patient has been prescribed Tramadol since at least 01/31/14. One report dated 06/18/14 assesses pain through the use of a pain scale at 8/10. However, guidelines require much more thorough documentation of analgesia with before and after pain scales. The patient is noted to be working; however, opiate management issues are not documented. No UDS's are provided for review nor are UDS results documented. There is no discussion of adverse side effects or adverse behavior. No outcome measures are provided. In this case, analgesia and opiate management are not sufficiently documented to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.

Menthoderm Gel #120: 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 analgesics Page(s): 111-113.

Decision rationale: Per the 06/18/14 report the patient presents with pain in the cervical spine radiating into the upper extremities with associated headaches that are migrainous in nature. There is constant lower back pain radiating into the lower extremities. The current request is for MENTHODERM GEL #120 per 07/10/14 RFA. As of 06/18/14 the patient is to return to full

duty. MTUS page 111 states that Topical Analgesics (NSAIDs) are indicated for peripheral joint arthritis/tendinitis. Methoderm is a compound analgesic containing Methyl Salicylate and Menthol. The 07/08/14 report states this medication is being prescribed for the temporary relief of minor aches and muscle pains. In this case, there is no documentation of peripheral joint arthritis/tendinitis for which this medication is indicated. The request IS NOT medically necessary.