

Case Number:	CM14-0128111		
Date Assigned:	08/15/2014	Date of Injury:	10/06/2008
Decision Date:	01/07/2015	UR Denial Date:	07/28/2014
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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 61 a year old who was injured on 10/6/2008. The diagnoses are cervicalgia, cervical radiculopathy, lumbar radiculopathy, carpal tunnel syndrome, cervical spine, right shoulder and low back pain. The patient completed PT and epidural steroid injections. On 5/1/2014, [REDACTED] noted objective findings of muscle spasm, decreased range of motion of affected parts, positive Spurling, impingement and straight leg raising tests. The MRI of the cervical spine showed multilevel degenerative disc disease, central stenosis and neural foraminal narrowing. The EMG showed severe C5-C6 radiculopathy in 2009. The medications are Naproxen, Tramadol and Terocin patch for pain, Orphenadrine for muscle spasm, Ondansetron for nausea and Omeprazole for NSAIDs induced gastritis. The records indicate the patient is also utilizing Hydroxyzine and Flexeril. A Utilization Review determination was rendered on 7/28/2014 recommending non certification for Naproxen 550mg #120, Omeprazole 20mg #120, Ondansetron 8mg, Orphenadrine 100mg #120, Tramadol ER 150 #90, Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS: Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and ODG recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient reported significant pain relief with the use of naproxen. There is no adverse effected reported. The criteria for the use of Naproxen 550mg #120 was met.

Omeprazole 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS: GI Symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and ODG recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastritis. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. The risk of complication is increased in patients with a history of gastritis and the elderly. The records indicate that the patient is 61 years old. There is documentation of significant gastrointestinal symptoms with the use of Naproxen and multiple medications. The criteria for the use of Omeprazole 20mg #120 was met.

Ondansetron 8mg ODT #30 x 2: 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), Pain, Ondansetron (Zofran)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and ODG recommend that the routine use of chronic anti-emetic medications is unnecessary because the nausea associated with chronic opioid treatment if self-limiting. The records indicate that the patient is also utilizing Hydroxyzine which has antiemetic properties. There is only FDA and guidelines indications for the use of Ondansetron for treatment of perioperative and chemotherapy induced nausea and vomiting. The criteria for the use of Ondansetron 8mg #30 x2 was not met.

Orphenadrine Citrate 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and ODG recommend that muscle relaxants can be utilized for short term treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Orphenadrine longer than the maximum guidelines recommended period of 3-4 weeks. The patient is also utilizing opioid medications. The criteria for the use of Orphenadrine citrate 100mg # 120 was not met.

Tramadol ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and ODG recommend that opioids can be utilized for maintenance treatment of severe musculoskeletal pain when standard treatment with non-opioid medications, PT, interventional pain injections and surgical options have been completed. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with other sedatives. The use of Tramadol is associated with less opioid addicting properties than pure agonists. The records indicate that the patient have completed PT, surgical options and non-opioid medication treatments. There is no documentation of aberrant behavior or opioid related adverse effects. The criteria for the use of Tramadol 150mg ER #90 was met.

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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and ODG recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with antidepressant and anticonvulsant medications. The records did not indicate that

the patient was diagnosed with localized neuropathic pain. The pain complaint is located in multiple body regions, spine and extremities. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical preparations be tried and evaluated individually. The Terocin patch contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25% . There is no FDA or guidelines support for the use of methyl salicylate or menthol in the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #30 was not met.