

Case Number:	CM14-0168918		
Date Assigned:	10/17/2014	Date of Injury:	08/04/2010
Decision Date:	01/02/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 a 57 year old male with an injury date of 08/04/10. Based on the 04/07/14 progress report, the patient complains of cervical spine pain, right arm pain, and headaches/migraines. He has tenderness over the suboccipital area. The patient is diagnosed with cervicgia. The utilization review determination being challenged is dated 09/30/14. There was one treatment report provided from 04/07/14 which was hand-written and brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen 550 mg #120 from dos 4/7/2014 to 5/16/2014: 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 Anti-inflammatory medications Page(s): 22, 60-61.

Decision rationale: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. There is no indication of when the patient neither began to take Naproxen nor is there any discussions provided regarding how Naproxen impacted the patient's pain and function. MTUS Guidelines support the use of NSAIDs for chronic low

back pain per page 22. It is also supported for other chronic pain conditions. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen Sodium has done for the patient's pain and function and why it's prescribed, as required by MTUS page 60. Recommendation is for denial.

Retrospective request for Omeprazole 550 mg #120 from dos 4/7/2014 to 5/16/2014: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. The patient is currently taking Naproxen, Ondansetron, Tramadol, Sumatriptan Succinate, and Terocin Patches. There is no indication of when the patient begun taking omeprazole, nor is there any discussion provided in regards this medication. MTUS Guidelines pages 68 and 69 state the omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroids and/or anticoagulants. 4. High-dose multiple NSAIDs. The physician does not discuss any GI issues that the patient may have. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the MTUS Guidelines. Recommendation is for denial.

Retrospective request for Ondansetron 8 mg #30 from dos 4/7/2014 to 5/16/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, antiemetics

Decision rationale: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding Antiemetics, "Not recommended for nausea and vomiting secondary to chronic opiate 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." In this case, there is no discussion provided as to if the patient has been having nausea and vomiting or what the purpose of this medication is. Furthermore, Zofran is only indicated for post-operative use and chemo induced nausea and vomiting. Recommendation is for denial.

Retrospective request for Cyclobenzaprine 7.5 mg #120 from dos 4/7/2014 to 5/16/2014: 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 muscle relaxants Page(s): 63.

Decision rationale: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. There is no indication of when the patient began taking Cyclobenzaprine. According to MTUS Guidelines, Cyclobenzaprine's are "not recommended to be used for longer than 2 or 3 weeks." MTUS page 63 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. There is no indication of how long the patient has been taking cyclobenzaprine for. There is no discussion regarding if this medication is for a long-term basis or short-term basis. MTUS only allows short-term basis. Recommendation is for denial.

Retrospective request for Tramadol ER 150 mg #90 from dos 4/7/2014 to 5/16/2014: 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: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. There is no indication of when the patient neither began taking Tramadol ER nor is there any discussion provided in regards this medication. MTUS Guidelines page 88 and 89 states, "The patient 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 4 A'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. In this case, the physician does not provide any discussion on how the medication is helpful, there are no significant ADL changes to demonstrate medication efficacy, and no urine toxicology is provided. There are no chronic opiate management issues such as CURES report, pain contracts, et cetera. There are no discussions provided on adverse behavior/side effects and no outcome measures are provided either as required by MTUS. Due to lack of documentation, recommendation is for denial. In this case, the treater does not provide any discussion on how the medication is helpful, there are no significant ADL changes to demonstrate medication efficacy, and no urine toxicology is provided. There are no chronic opiate management issues such as CURES report, pain contracts, et cetera. There are no discussions provided on adverse behavior/side effects and no outcome

measures are provided either as required by MTUS. Due to lack of documentation, recommendation is for denial.

Retrospective request for Sumatriptan 25 mg #9 x 2 from dos 4/7/2014 to 5/16/2014:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans

Decision rationale: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. In regards to triptans for headaches, ODG Guidelines state the following: "Recommended for migraines sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." In this case, the patient presents with migraine headaches. Therefore, recommendation is for authorization.

Retrospective request for Terocin patch #30 from dos 4/7/2014 to 5/16/2014: 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 topical creams Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 04/07/14 report, the patient presents with cervical spine pain, right arm pain, and headaches/migraines. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. 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)." 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 documented for pain and function. In this patient, while the patient does have cervical spine pain and right arm pain, there is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral, localized neuropathic pain. Recommendation is for denial. In this patient, while the patient does have cervical spine pain and right arm pain, there is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral, localized neuropathic pain. Recommendation is for denial.