

<b>Case Number:</b>	CM14-0021732		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 year old male injured worker suffered an industrial injury on 10/13/2012. The diagnoses were lumbar discopathy/radiculitis, left hip sprain with bursitis, and left labral tear. The treatments were medications, physical therapy and home exercise program, left knee arthroscopy. The treating provider reported the injured worker complained of right knee pain, overcompensating due to the injury to the left knee and hip. The pain is intermittent. The Utilization Review Determination on 2/12/2014 non-certified: 1. Ondansetron 5mg #30 with 2 refills citing ODG2. Tramadol 150mg #90 Citing MTUS3. Terocin Patch #10 citing MTUS4. Cyclobenzaprine 7.5mg #120 modified to #20 citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant is more than 2 years status post work related injury and continues to be treated for chronic pain. Treatments have included left knee arthroscopy. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore cyclobenzaprine was not medically necessary.

**ONDANSETRON 8MG #30 X 2:** 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 Pain (Chronic), Antiemetics Ondansetron prescribing information

**Decision rationale:** The claimant is more than 2 years status post work related injury and continues to be treated for chronic pain. Treatments have include left knee arthroscopy. Medications include Tramadol. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Tramadol, there is no history of opioid induced nausea. Therefore, the use of this medication was not medically necessary.

**TRAMADOL 150MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 2 years status post work related injury and continues to be treated for chronic pain. Treatments have include left knee arthroscopy. Medications include Tramadol at a MED (morphine equivalent dose) of 90 mg/day. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent

with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.

**TEROCIN PATCH #10:** 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:** The claimant is more than 2 years status post work related injury and continues to be treated for chronic pain. Treatments have include left knee arthroscopy. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Therefore the prescribing of Terocin in a patch form was not medically necessary.