

<b>Case Number:</b>	CM14-0027203		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, Washington

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 injured worker is a 51-year-old male who reported an injury on 07/26/2011. He was diagnosed with lumbago and cervicgia and was previously treated with oral medications, physical therapy and also underwent ACDF on 06/06/2014. A prior request for the medications listed to include naproxen, cyclobenzaprine hydrochloride, sumatriptan succinate, ondansetron, omeprazole, tramadol, and Terocin patch had been declined based on a lack of current medical records with current pain complaints and a physical examination to support the use of the medications. Additionally, some medications were not recommended for long term use with no documentation of pathology to support some of the medications. The physician was again requesting multiple oral and topical medications to help alleviate his symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550 MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** According to the California MTUS Guidelines, it states they are only recommended for a short course of treatment at the lowest dose for patients who have moderate to severe pain. However, there is no current clinical documentation to support the ongoing use of this medication to include a comprehensive physical examination and quantitative levels of pain, range of motion, and other deficits to support the naproxen sodium at this time. Therefore, the medical necessity has not been established.

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Under the California MTUS Guidelines, muscle relaxants are only recommended for a short course (usually with a duration less than 2 weeks), to treat muscle spasms. However, without having current medical records to include a recent comprehensive physical examination identifying spasticity necessitating the use of a muscle relaxant, the request cannot be supported. Therefore, the medical necessity has not been established.

**SUMATRIPTAN SUCCINATE 25 MG #9 X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Treatment of Worker's Compensation, Head Procedure Summary, updated 11/18/2013.

**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 Official Disability Guidelines, without having current clinical documentation identifying the injured worker as a migraine sufferer, the sumatriptan succinate is not considered appropriate at this time. Without having a comprehensive examination identifying quantitative pain levels regarding the rate of the injured worker's headaches, and without identification of true migraine symptoms to include photophobia, autophobia, and either nausea and/or vomiting, as well as frequency and duration of symptoms related to migraines, the sumatriptan succinate cannot be supported at this time. Therefore, the medical necessity has not been established.

**ODANSETRON ORALLY DISINTEGRATING TABLETS 8 MG #30 X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Treatment of

Worker's Compensation, Pain Procedure Summary, updated 01/07/2014, Antiemetics (for opioid nausea).

**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, Ondansetron (Zofran).

**Decision rationale:** According to the Official Disability Guidelines, without having current clinical documentation of the injured worker suffering from nausea and/or vomiting due to chronic pain and opioid use, the ondansetron cannot be supported. Additionally, the guidelines do not support use of this medication for treatment of nausea or vomiting for chronic opioid use. Therefore, without having recent clinical documentation to support the use of this medication, the medical necessity has not been established.

**OMEPRAZOLE DELAYED RELEASE 20 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** Under the California MTUS Guidelines, without having current clinical documentation with a comprehensive examination identifying GI upset related symptoms from current oral medication usage, continuation of the omeprazole cannot be supported. Although the California MTUS Guidelines do recommend the use of omeprazole to relieve GI issues related to medication usage, at this time, there are no current exam notes identifying the injured worker as having a medical necessity for use of omeprazole delayed release. As such, the medical necessity has not been established.

**TRAMADOL HYDROCHLORIDE ER 150 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California MTUS Guidelines, without having a current urine drug screen provided for review to confirm medication compliance, the request cannot be supported. Additionally, without having current information providing functional improvement with the use of this medication, as well as overall symptom relief, continuation of use of the tramadol hydrochloride ER cannot be supported. Therefore, the request is not considered a medical necessity.

**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:** According to the California MTUS Guidelines, topical analgesics are commonly not supported without identification of a specific medical purpose for their use. The injured worker does not have any recent clinical documentation identifying the inability to utilize oral analgesics or as a means of weaning off opioids. Therefore, with a lack of current clinical documentation to support the ongoing use of Terocin, the request cannot be supported at this time. As such, the medical necessity has not been established.