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| <b>Case Number:</b>   | CM14-0042524 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 04/05/2013 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 03/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2014 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 5, 2013. In a Utilization Report Review dated March 24, 2014, the claims administrator failed to approve a request for Naprosyn, Flexeril, Zofran, tramadol, Terocin, and omeprazole. The claims administrator referenced progress notes of March 17, 2014 and July 18, 2013 in its determination. The claims administrator's report was over 20 pages long and somewhat difficult to follow. The applicant's attorney subsequently appealed. In a July 18, 2013 Doctor's First Report (DFR), the applicant alleged complaints of neck pain, shoulder pain, and low back pain reportedly attributed to cumulative trauma at work. Medications, including tramadol, Prilosec, Imitrex, Naprosyn, Flexeril, and Zofran were endorsed via a prescription form of July 25, 2013, which comprised of preprinted checkboxes, little to no narrative commentary discussed in the medication efficacy. On March 17, 2014, Naprosyn, Flexeril, Zofran, Prilosec, and Terocin were all apparently dispensed through an RFA form, which employed preprinted checkboxes. No applicant-specific commentary was attached. The clinical progress note was not attached. No discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium Tablets 550MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic multifocal, cumulative trauma-related complaints reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the March 17, 2014 RFA form/prescription form comprised almost entirely of preprinted checkboxes, with little to no applicant-specific commentary. No discussion of medication efficacy took place. Therefore, the request was not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #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 (Flexeril) Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Ondansetron ODT tablets 8mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary: Ondansetron (Zofran).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there was no mention of the applicant's personally experiencing issues with nausea and/or vomiting evident on any of the progress notes referenced above. The attending provider did not clearly state for what purpose ondansetron was being employed in any of the progress notes referenced above. Rather, the attending provider simply stated that he was refilling medications under a separate cover. Therefore, the request was not medically necessary.

**Omprazole Delayed-Release Capsules 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was/is no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, evident on the March 17, 2014 RFA form on which the request in question was initiated. Therefore, the request was not medically necessary.

**Tramadol Hydrochloride ER 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status, functional status, and/or response to previous usage of tramadol were not detailed on the March 17, 2014 RFA form. Therefore, the request was not medically necessary.

**Terocin Patches # 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol ...[dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0)...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources ... Label: TEROGIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

**Decision rationale:** Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, Menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals including Naprosyn effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.