MAXIMUS Federal Services

Case Number:	CM14-0073433		
Date Assigned:	07/16/2014	Date of Injury:	01/28/2014
Decision Date:	07/01/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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: 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 55-year-old who has filed a claim for neck, low back, shoulder, hand, wrist, knee, foot, and elbow pain reportedly associated with an industrial injury of January 28, 2014. In a Utilization Review report dated April 20, 2014, the claims administrator failed to approve requests for cyclobenzaprine, Zofran, tramadol, and topical Terocin patches. The claims administrator referenced an April 15, 2014 progress note and associated April 14, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 14, 2014, Imitrex, Terocin patches, naproxen, tramadol, Flexeril, Prilosec, and Zofran were endorsed without any associated narrative commentary or supporting rationale. In an associated prescription form dated April 15, 2014, Flexeril, Imitrex, Zofran, Prilosec, naproxen, tramadol, and Terocin were likewise prescribed, again without much in the way of supporting rationale or narrative commentary. Pre-printed checkboxes were, by and large, employed. In a Doctor's First Report (DFR) dated April 10, 2014, the apparently presented alleging multifocal knee, hand, wrist, and shoulder pain reportedly attributed to cumulative trauma at work between 1982 and 2014. Twelve sessions of physical therapy were endorsed. Medications were separately requested. It was suggested (but not clearly stated) that the applicant had returned to work, again through usage of pre-printed checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT, 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 Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: No, the request for ondansetron (Zofran), an anti-emetic medication, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it is being employed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, however, the April 10, 2014 Doctor's First Report (DFR) made no mention of the applicant having issues with nausea or vomiting. While the Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is used to prevent nausea or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, there was no mention of the applicant's having had any cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question, April 10, 2014. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date of the request, April 10, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here. Therefore, this request is not medically necessary.

Cyclobenzaprine hydrochloride tablets, 7.5 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49.

Decision rationale: Similarly, the request for cyclobenzaprine, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxants such as cyclobenzaprine are deemed "not recommended." The MTUS Guideline in ACOEM Chapter 3, page 47 further notes that, while muscle relaxants may have be useful as antispasmodics, that using muscle relaxants in conjunction with NSAIDs has "no demonstrated benefit." Here, the applicant was concurrently given prescriptions for cyclobenzaprine, a muscle relaxant, and naproxen, an NSAID, despite the unfavorable ACOEM position on the same. There was, furthermore, no mention of the applicant's having issues with muscle spasms evident on or around the date in question, April 10, 2014. Therefore, the request was not medically necessary. As with the preceding request, since the medication in question was initiated on the applicant's first office visit with the requesting provider, the ACOEM Practice Guidelines were preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, this request is not medically necessary.

Terocin Patch, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: Similarly, the request for topical Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the Terocin compound in question are deemed "not recommended." Here, the applicant is ongoing usage of numerous first-line oral pharmaceuticals, including naproxen, effectively obviated the need for the Terocin patches at issue. In this case, it is further noted that the applicant's ongoing usage of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as naproxen effectively obviated the need for the Terocin patches in question. Therefore, the request was not medically necessary.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that a short course of opioids is "optional" as part of initial approaches to treatment, here, however, the 90-tablet supply of tramadol suggests long-term usage, i.e., beyond the short course of opioids suggested in ACOEM Chapter 3, Table 3-1, page 49. ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed so as to ensure proper usage and to manage expectations. Here, the request for such a lengthy, protracted 90-tablet supply of tramadol on the first visit without a proviso to re-evaluate the applicant so as to ensure ongoing medication efficacy, thus, runs counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.