

<b>Case Number:</b>	CM14-0094975		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 injured worker is a 50 year old female with a work related injury to her neck with chronic headaches. The injury is noted to have occurred on March 30, 2012 due to repetitive motion as a sherrif. The injured worker has a diagnosis of Myofascial sprain of the cervical spine and rule out cervical radiculopathy, per the notes dated on January 21,2014. On January 21, 2014 the patient was seen by orthopaedic surgeon for a consult. At that time the recommendations were an electromyogram (EMG) and nerve conduction study of the cervical spine and upper extremities to rule out cervical radiculopathy versus carpal tunnel syndrome, continue with her treating physicians. At that time the findings included not being in any acute distress, no noted tenderness of the cervical spinous processes. There was noted tenderness without spasm of the right paravertebral musculature and right interscapular area. Noted tenderness and spasm of the right upper trapezius and no tenderness or spasm of the sternocleidomastoid muscles. Past treatment included medication, physical therapy without relief, cervical epidural steroid injections, toradol injections and vitamin B12 injections. Diagnostic testing that had been completed included X-Ray of Cervical spine was normal date of test not indicated, an Magnetic resonance imaging (MRI), per Utilization Review without the results listed, and nerve conduction test without results noted. The injured worker was set up for [REDACTED] on June 28, 2012, with a ergo chair with adjustable arms, articulating keyboar arm, keyboard platform, ergo mouse, in-line document stand, electric two/three whole paper punch, foot rest and wirless phone system implimented. Also noted in the notes on January 21, 2014 was that the injured worker had a previous injury to neck after a car accident in 1993 which resolved after 3 days off work. The injured worker was seen by Orthopaedic and spinal disorder specialist on April 21, 2014 with noted continuation of headache, and chronic neck pain with difficulty sleeping. The note on that date is illegible. On

May 30, 2014 the provider requested Naproxen Sodium Tablets 550mg BID #100, Orphenadine Citrate ER 100mg (Norflex) #120, Sumatriptan Succinate Tablets 25mg #9 x2, Ondansetron ODT Tablets 8mg #30 x2 =60, Omeprazole Delayed-Release Capsules 20mg #120, Tramadol Hydrochloride ER 150mg #90 and Terocin Patch Qty 30. On June 10, 2014 the Utilization Review non certified Naproxen Sodium Tablets 550mg BID #100, Orphenadine Citrate ER 100mg (Norflex) #120, Ondansetron ODT Tablets 8mg #30 x2 =60, Omeprazole Delayed-Release Capsules 20mg #120, Tramadol Hydrochloride ER 150mg #90 and Terocin Patch Qty 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Naproxen Sodium Tablets 550mg #100: 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 Naproxen Page(s): 67-69.

**Decision rationale:** The employee was being treated for neck pain, headaches and spasms that developed over the course of her employment. Her treatment included medications, physical therapy, ESI and modified duty. She had been on Naproxen since 2012. According to Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option in chronic pain for short-term symptomatic relief. Guidelines don't endorse long term use. The employee's records demonstrate complaints of chronic neck pain as well as headache and that medications were effective at improving the patient's pain. There is no relevant documentation about the need for ongoing NSAIDs despite guideline recommendation. The request for Naproxen 550 mg #100 is not medically necessary and appropriate.

#### **Orphenadrine Citrate ER 100mg (Norflex) #120: 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:** The employee was being treated for cervical spine pain and headaches. Prior treatment included physical therapy, ESI and medications. The request was for Norflex. She had been on cyclobenzaprine since at least 2012. According to the Chronic Pain Treatment guidelines, muscle relaxants are recommended only as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Norflex in particular had anticholinergic side effects like drowsiness, urinary retention and dry mouth limiting its use in the elderly. Given the chronicity of the employee's complaints and chronic use of muscle

relaxants for over 6 months, the treatment guidelines for continued use of Norflex have not been met. The request for Norflex is not medically necessary or appropriate.

**Ondansetron Orally Disintegrating Tablets (ODT) 8mg #30 times two (2) #60: 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) Chronic pain, Zofran

**Decision rationale:** The employee was being treated for cervical radiculopathy and headaches. She had been on Zofran since at least January 2014. Her other treatment included medications, physical therapy and ESI. According to ODG, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use and gastroenteritis. The employee rather had no documentation of specific complaints of nausea or vomiting and the frequency of symptoms. Hence the request for Zofran is not medically necessary or appropriate.

**Omeprazole Delayed-Release Capsules 20mg #120: 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 Page(s): 68-69.

**Decision rationale:** The employee was on Omeprazole and Naproxen. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. Request for Omeprazole is not medically necessary and appropriate.

**Tramadol Hydrochloride ER 150mg #90: 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 Opioids, ongoing management Page(s): 77-80.

**Decision rationale:** According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. According to the guidelines the lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, probably medication use and side effects as necessary. Pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The employee was being treated for neck pain with chronic headaches and had been on Tramadol. She was reported not to be working and there was no documentation in the progress notes from January 2014, on functional improvement or pain scale improvement with the use of Tramadol. Hence the request for continued use of Tramadol is not medically necessary or appropriate.

**Terocin Patch QTY: 30:** 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 analgesics Page(s): 111.

**Decision rationale:** According to MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin has Menthol and Lidocaine 4%. Topical Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with anti-depressants or anti epileptic drugs. Formulations that do not involve a dermal patch system, like Lidoderm patch, are generally indicated as local anesthetics and anti pruritics. In addition, there is not enough documentation that pain is not responding to first line medications. Hence Terocin patches are not medically necessary or appropriate.