

Case Number:	CM14-0168248		
Date Assigned:	10/15/2014	Date of Injury:	05/11/2012
Decision Date:	11/18/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 36 years old female patient who sustained an injury on 5/11/2012. The diagnoses includes cervicalgia and shoulder region disorder not elsewhere classified. Per the doctor's note dated 8/6/2014, patient had intermittent cervical spine pain with radiation to bilateral upper extremities; intermittent left shoulder pain. The physical examination revealed cervical spine-palpable paravertebral muscle tenderness with spasm, limited range of motion with pain, normal strength and sensation; left shoulder- tenderness, positive Hawkin's and impingement signs and reproducible symptomatology with internal rotation and forward flexion. The medications list includes voltaren SR, omeprazole, tramadol, cyclobenzaprine, sumatriptan and ondansetron. She has had a urine drug screen on 4/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine Hydrochloride Tablets 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This is a request for 120 Cyclobenzaprine Hydrochloride Tablets 7.5mg. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use.... This medication is not recommended to be used for longer than 2-3 weeks." According to the records provided patient had complaints of neck and left shoulder pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Short term or prn use of Cyclobenzaprine Hydrochloride in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 120 tablets of Cyclobenzaprine Hydrochloride 7.5 mg, as submitted, is not deemed medically necessary. The medical necessity of 120 Cyclobenzaprine Hydrochloride Tablets 7.5mg is not established for this patient.

18 Sumatriptan Succinate Tablets 25mg (39 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 - Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Head (updated 08/11/14) Triptans

Decision rationale: Triptans are used for treating migraine headaches. Per the cited guidelines, Triptans are "Recommended for migraine sufferers...." A detailed history and physical examination related to headache was not specified in the records provided. The dose, duration and response to other medications for acute migraine (NSAIDS) are not specified in the records provided. A detailed neurological examination was not specified in the records provided. Any imaging study for headache was not specified in the records provided. The medical necessity of 18 Sumatriptan Succinate Tablets 25mg (39 X2) is not fully established in this patient at this time.

60 Ondansetron Odt Tablets 8mg (#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 (ODG), Integrated Treatment/Disability Duration Guidelines, (Chronic) 9/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 10/30/14) Ondansetron (Zofran®) Antiemetics (for opioid nausea)

Decision rationale: Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG was used. According to the

ODG guidelines, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Any evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery is not specified in the records provided. A detailed gastrointestinal examination is not specified in the records provided. Evidence of nausea or vomiting is not specified in the records provided. The medical necessity of 60 Ondansetron Odt Tablets 8mg (#30 X2) is not established for this patient.

120 Omeprazole Delayed Release Capsules 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of 120 Omeprazole Delayed Release Capsules 20mg is not established for this patient.

240 Gm Medrox Pain Relief Ointment (120gm X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments" The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack

of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of 240 Gm Medrox Pain Relief Ointment (120gm X2) is not fully established for this patient at that juncture.