

Case Number:	CM14-0168525		
Date Assigned:	10/16/2014	Date of Injury:	03/01/2013
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 3/1/13 date of injury. At the time (9/25/14) of the Decision for Cyclobenzaprine 7.5mg #120 DOS 09/03/2013, Ondansetron ODT 8mg #30 DOS 09/03/2013, Omeprazole Delayed release capsules 20mg #120 DOS 09/03/2013, Tramadol ER 150mg #90 DOS 09/03/2013, and Medrox Pain relief ointment 120gms x 2 DOS 09/03/2013, there is documentation of subjective (paresthesia and numbness at night, dropping items and weakness) and objective (positive palmar compression test subsequent to Phalen's test, reproducible symptomatology in the median nerve distribution right more than left, axial loading compression test and Spurling's test are positive, diminished sensation in the radial digits of both hands) findings, current diagnoses (carpal tunnel syndrome, chronic double-crush syndrome, and cervical discopathy), and treatment to date (medication (including Cyclobenzaprine, Ondansetron, Tramadol, and Medrox for at least 4 months). Regarding Cyclobenzaprine 7.5mg #120 DOS 09/03/2013, there is no documentation of acute exacerbation of chronic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications resulting from Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks). Regarding Ondansetron ODT 8mg #30 DOS 09/03/2013, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Omeprazole Delayed release capsules 20mg #120 DOS 09/03/2013, there is no documentation of risk for gastrointestinal event. Regarding Tramadol ER 150mg #90 DOS 09/03/2013, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications related to Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120 DOS 09/03/2013: 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): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, chronic double-crush syndrome, and cervical discopathy. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of treatment with Cyclobenzaprine for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications resulting from Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #120 DOS 09/03/2013 is not medically necessary.

Ondansetron ODT 8mg #30 DOS 09/03/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 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, Antiemetics (for opioid nausea)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron

(Zofran). Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, chronic double-crush syndrome, and cervical discopathy. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron ODT 8mg #30 DOS 09/03/2013 is not medically necessary.

Omeprazole Delayed release capsules 20mg #120 DOS 09/03/2013: 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, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, chronic double-crush syndrome, and cervical discopathy. However, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20mg #30 x 2 refills is not medically necessary.

Tramadol ER 150mg #90 DOS 09/03/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, chronic double-crush syndrome, and cervical discopathy. In addition, there is documentation of moderate to severe pain and that Tramadol is being used as second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Tramadol for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications related to Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg #90 DOS 09/03/2013 is not medically necessary.

Medrox Pain relief ointment 120gms x 2 DOS 09/03/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, chronic double-crush syndrome, and cervical discopathy. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox Pain relief ointment 120gms x 2 DOS 09/03/2013 is not medically necessary.