MAXIMUS Federal Services

Case Number:	CM14-0180077		
Date Assigned:	11/05/2014	Date of Injury:	06/15/2012
Decision Date:	12/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Practice and is licensed to practice in Alabama, Mississippi, and Tennessee. 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 58-year-old male with a reported date of injury of 06/15/2012. The mechanism of injury is not stated. His diagnoses included lumbago, carpal tunnel /double crush syndrome, internal derangement literal shoulders, internal derangement bilateral knees, internal derangement left hip and bilateral plantar fasciitis. His past treatments included physical therapy, medications, injections, and braces. His past surgical history included meniscectomy of left knee and rotator cuff repair of the left shoulder. He presented on 03/28/2013 with complaints of cervical pain, chronic headaches, tension between the shoulder blades, and migraines. The physical examination of the cervical spine was unchanged but there was tenderness at the cervical paravertebral muscles and upper trapezial muscles, positive Spurlings, restricted cervical range of motion, and dysesthesia at C5-C7; right shoulder examination revealed tenderness in the anterior and glenohumeral region and subacromial space with positive Hawkins's sign, left shoulder remained unchanged; examination of bilateral upper extremities revealed a positive palmar compression test and noted double crush syndrome; examination of left hip remained unchanged, however there was pain and tenderness in poster lateral region consistent with the L5 root; and examination of the bilateral knees and bilateral feet remained unchanged. His medications included Naproxen Sodium 550mg one tablet every 12 hours, tramadol 37.5/325mg one tablet three times daily, cyclobenzaprine 7.5mg one tablet three times a day, Medrox topical cream 120 gm apply four times daily, and sumatriptan 25mg take one at onset of headache and repeat two hours later, and Ondansetron 8mg one tablet twice daily. The treatment plan was for bilateral carpel tunnel release, referral to specialists for his knees, medication and therapy. The requests are for tramadol 37.5/325 mg date of service 03/28/2013, Cyclobenzaprine hydrochloride date of service 03/28/2013, Ondansetron date of service 03/28/2013, and Medrox date of service 03/28/2013. No rationale was included with the request. No Request for

Authorization form was included in the documentation. On 05/21/2013 he presented with complaints of pain in upper extremities and headaches that caused nausea. The physical examination noted cervical spine, left and right shoulders, bilateral upper extremities, lumbar spine, left hip, bilateral knees and bilateral feet remained unchanged from previous evaluation 03/28/2013. The clinical documentation noted the injured worker is compliant with his medications. His medications included Naproxen Sodium 550mg one tablet every 12 hours, tramadol 37.5/325mg one tablet three times daily, cyclobenzaprine 7.5mg one tablet three times a day, Medrox topical cream 120 gm apply four times daily, and sumatriptan 25mg take one at onset of headache and repeat two hours later, and Ondansetron 8mg one tablet twice daily. The treatment plan was for carpal tunnel release surgery, a referral for follow-up with his knees, and continued current medications. The request was for Tramadol ER date of service 05/30/2013, Ondansetron date of service 05/30/2013, Medrox 120 gm x2 date of service 05/30/2013, and sumatriptan succinate 26 mg date of service 05/30/2013, and cyclobenzaprine hydrochloride tabs date of service 05/30/2013 and the rationale provided was symptomatic relief. The Request for Authorization forms dated 06/28/2013 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #120 DOS 3/28/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol Page(s): 93-94.

Decision rationale: The injured worker complained of headaches and back and shoulder pain. The California MTUS Guidelines state tramadol is a synthetic opioid affecting the central nervous system and should be used for moderate to severe pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant the ongoing use of opioid medications. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of tramadol. He has been taking tramadol since at least January 2013. Therefore, it cannot be determined that he would benefit significantly from the ongoing use of this medication. The clinical documentation indicated injured worker is taking all prescribed medications as directed without any apparent side effects. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use and no documentation of when the last urine was performed. As submitted, the request failed to address the frequency of the medication. As such, the Retrospective request for tramadol 37.5/325 mg is not medically necessary.

Cyclobenzaprine Hydrochloride Tabs 7.5mg #120 DOS 3/28/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for cyclobenzaprine hydrochloride tabs 7.5 mg #120 DOS 3/28/13 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants/cyclobenzaprine be for short term therapy in the management of back pain with the greatest effect produced in the first 4 days of treatment. Documentation was provided that indicated the injured worker had been prescribed this medication in excess of 1 year. The injured worker presented with complaints of continued headaches and back and shoulder pain. There is a lack of objective documentation of the injured worker's beneficial response to the use of cyclobenzaprine. The request did not specify the frequency of the medication. As such, the Retrospective request for cyclobenzaprine hydrochloride tabs is not medically necessary.

Tramadol ER 150mg #90 DOS 5/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol Page(s): 93-94.

Decision rationale: The injured worker complained of pain in the upper extremities and headaches with nausea. The California MTUS Guidelines state tramadol is a synthetic opioid affecting the central nervous system and should be used for moderate to severe pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant the ongoing use of opioid medications. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of tramadol. He has been taking tramadol since at least January 2013. Therefore, it cannot be determined that he would benefit significantly from the ongoing use of this medication. The clinical documentation indicated injured worker is taking all prescribed medications as directed without any apparent side effects. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use and no documentation of when the last urine was performed. As submitted, the request failed to address the frequency of the medication. As such, the Retrospective request for tramadol 37.5/325 mg is not medically necessary.

Ondansetron 8mg x2 #30 DOS 3/28/13: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (ZofranÂ®)

Decision rationale: According to the Official Disability Guidelines, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is only recommended and approved for nausea and vomiting secondary to chemotherapy and radiation treatment or postoperative acute use. The injured worker presented with complaints of continued headaches and back and shoulder pain. No documentation was provided to indicate he had a diagnosis of chemotherapy radiation treatments or surgery. The request as submitted did not indicate the frequency of the medication. Therefore, due to the above reasons, the Retrospective request for Ondansetron 8 mg is not medically necessary.

Ondansetron 8mg x2 #30 DOS 5/30/13: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain (Chronic), Ondansetron (ZofranÂ®)

Decision rationale: According to the Official Disability Guidelines, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is only recommended and approved for nausea and vomiting secondary to chemotherapy and radiation treatment or postoperative acute use. The injured worker presented with complaints of pain in the upper extremities and headaches with nausea. No documentation was provided to indicate he had a diagnosis of chemotherapy radiation treatments or surgery. The request as submitted did not indicate the frequency of the medication. Therefore, due to the above reasons, the Retrospective request for Ondansetron 8 mg is not medically necessary.

Medrox 120gm x2 DOS 3/28/13: 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, Capsaicin Page(s): 112.

Decision rationale: The California MTUS Guidelines recommend the use of capsaicin/Medrox topical only as an option in patients who have not responded to other treatments. It is recommended for use only with a diagnosis of osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it still should be considered experimental. The most recent clinical note failed to document evidence of prior alternate treatment. He has been prescribed Medrox for greater than 1 year and there is a lack of objective evidence to show that he benefitted from the use of the Medrox. The request as stated did not indicate the frequency or the application of

the Medrox. As such, the Retrospective request for Medrox 120 gm x2 DOS 3/28/13 is not medically necessary.

Medrox 120gm x2 DOS 5/30/13: 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, Capsaicin Page(s): 112.

Decision rationale: The California MTUS Guidelines recommend the use of capsaicin/Medrox topical only as an option in patients who have not responded to other treatments. It is recommended for use only with a diagnosis of osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it still should be considered experimental. The most recent clinical note failed to document evidence of prior alternate treatment. He has been prescribed Medrox for greater than 1 year and there is a lack of objective evidence to show that he benefitted from the use of the Medrox. The request as stated did not indicate the frequency or the application of the Medrox. As such, the Retrospective request for Medrox 120gm x2 DOS 5/30/13 is not medically necessary.

Sumatriptan Succinate 25mg #9x2 DOS 5/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans

Decision rationale: The injured worker complained of upper extremity pain and headaches. The Official Disability Guidelines recommend triptans (sumatriptan) for migraine sufferers. All oral triptans are effective and well tolerated. A poor response to 1 triptans does not predict a poor response to other agents in that class. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with his use of sumatriptan. There is no significant documentation to indicate he suffered from migraines. The clinical documentation lacked objective evidence for a diagnosis of migraine headaches. Therefore, the Retrospective request is not medically necessary.

Cyclobenzaprine Hydrochloride Tabs 7.5mg #120 DOS 5/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants/cyclobenzaprine be for short term therapy in the management of back pain with the greatest effect produced in the first 4 days of treatment. Documentation was provided that indicated the injured worker had been prescribed this medication in excess of 1 year. The injured worker presented with complaints of pain in the upper extremities and headaches with nausea. There is a lack of objective documentation of the injured worker's beneficial response to the use of cyclobenzaprine. The request did not specify the frequency of the medication. As such, the Retrospective request for Cyclobenzaprine hydrochloride tabs is not medically necessary.