

Case Number:	CM14-0022124		
Date Assigned:	05/09/2014	Date of Injury:	09/07/2012
Decision Date:	09/17/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on September 7, 2012 while working as a police officer when he exited a vehicle and had sharp pain in the right low back. He had worsening symptoms and was treated by a chiropractor. He returned to regular duty on September 18, 2012. He had ongoing symptoms and continued chiropractic treatments. Imaging showed findings of lumbar disk narrowing. There was partial improvement after 10-12 sessions of chiropractic care. EMG/NCS testing on January 9, 2013 was negative for acute radiculopathy. An MRI of the lumbar spine on January 10, 2013 showed findings of moderate to severe bilateral foraminal narrowing at L5-S1 with facet hypertrophy and decreased disc height. He had improvement with continued chiropractic care. On April 1, 2013 he had ongoing symptoms. Medications included Naprosyn causing stomach upset. Physical examination findings included lumbar paraspinal muscle tenderness with muscle spasm and pain with range of motion. There was a positive seated nerve root test and lower extremity dysesthesias were present. There was a pending lumbar epidural injection. Naprosyn 550 mg #120, omeprazole 20 mg #120, cyclobenzaprine 7.5 mg #120, extended release tramadol 150 mg #90, Medrox, and ondansetron 8 mg #30 for nausea were prescribed. He was seen for a second opinion on May 16, 2013. He was having pain back pain radiating to the right buttock rated at 5-6/10. His prior treatments were reviewed. He had a negative past medical history. Physical examination findings included increased pain with lumbar range of motion and negative straight leg raising. On June 17, 2013 he had ongoing symptoms. Medications were refilled. On August 2, 2013 he was having ongoing symptoms. He was referred for physical therapy and acupuncture treatments. He was continued at modified duty. On September 16, 2013 he was having ongoing back pain radiating to the left lower extremity with numbness and tingling and was having left knee pain. On 01/13/14 he was

having low back pain radiating to the left lower extremity with numbness and tingling and left knee pain with instability. The note documents a negative past medical history and he was not taking any medications. Physical examination findings included anterior left knee joint line tenderness with positive patellar grinding and positive McMurray's testing. There was lumbar spine tenderness with pain at end range of motion and positive seated nerve root test with lower extremity dysesthesias. A left knee cortisone injection was performed. On February 13, 2014 he had ongoing symptoms. He was referred for further evaluation. Authorization for an MRI of the left knee was requested. The scan was done on February 14, 2014 showing findings of meniscal tears and a joint effusion. On May 19, 2014 imaging results were reviewed. Left knee arthroscopy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL tablets 7.5 mg 120 count: 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), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for radiating low back and left knee pain. Left knee arthroscopy has been recommended. His provider documents lumbar paraspinal muscle spasms. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and the Flexeril was being prescribed on a long-term basis. Therefore, the request for Cyclobenzaprine HCL tablets 7.5 mg 120 count is not medically necessary or appropriate.

Ondansetron ODT tablets 8 mg, sixty count: 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) Pain (Chronic) , Antiemetics (for opioid nausea).

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for radiating low back and left knee pain. Medications include extended release tramadol. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects

tend to diminish over days to weeks with continued exposure. In this case, the claimant is being prescribed tramadol on a long term basis. He has no significant past medical history and there are no reported symptoms of medication related side effects. Therefore, the request for Ondansetron ODT tablets 8 mg, sixty count, is not medically necessary or appropriate.

Terocin patch thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for radiating low back and left knee pain. Left knee arthroscopy has been recommended. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Therefore the request for Terocin patch thirty count is not medically necessary or appropriate.