

Case Number:	CM14-0027980		
Date Assigned:	06/04/2014	Date of Injury:	04/17/2000
Decision Date:	09/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 60-year-old woman who sustained a work related injury on April 17, 2000. Subsequently, she developed chronic back pain that radiates to the lower extremities. The patient underwent right knee arthroscopic surgery and right foot surgery on December 3, 2008. MRI of the left knee dated October 14, 2013 showed tricompartmental osteoarthritis particularly affecting the lateral compartment with associated joint effusion and small popliteal cyst and tear of the lateral meniscus. The EMG/NCS, dated January 14, 2014, findings were consistent with chronic left S1 radiculopathy. According to the progress report dated November 13, 2013, the patient continued to have cervical, lumbar, right knee and right foot pain. Her physical examination demonstrated cervical tenderness with reduced range of motion and spasm of the upper trapezial muscles. Axial loading compression test and spurling's maneuver are positive. There is dysesthesia at the left C5-7 dermatomes. There is also tenderness at the left lateral epicondyle. There is a lumbar tenderness with reduced range of motion. There is dysesthesia at the L5-S1 dermatomes. Examination of the bilateral knees revealed tenderness at the bilateral knee joint line, left greater than right. There is a positive patellar compression test. Examination of the right foot revealed limited range of motion. There is pain from standing on her toes. The patient was diagnosed with cervical discopathy with radiculitis, lumbar discopathy with radiculitis, status post right knee arthroscopic surgery with evidence of degenerative joint disease, and internal derangement left knee. The provider requested authorization for Ondansetron ODT, Omeprazole Delayed Release, Tramadol Hydrochloride ER, and Terocin Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT TABLETS 8MG #30 WITH 2 REFILLS: 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: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8mg #30 is not medically necessary.

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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20 mg #120 prescription is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150 MG #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 Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single

pharmacy, (b) The lowest possible dose should be prescribed to improve pain and function, (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no recent objective documentation of pain severity level to justify the use of narcotics in this patient. There is no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tramadol Hydrochloride is not medically necessary

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: Terocin patch is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.