

Case Number:	CM14-0083458		
Date Assigned:	09/24/2014	Date of Injury:	06/28/2005
Decision Date:	10/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Emergency 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:

The injured worker is a 50-year-old male, who sustained an injury on June 28, 2005. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: L4-5 posterior interbody fusion, physical therapy, medications. The current diagnoses are: cervicgia, right shoulder pain, gastropathy secondary to medication use, s/p L4-5 posterior interbody fusion, cervical radiculopathy, and right acromioclavicular separation. The stated purpose of the request for Naproxen 550mg #100 was for pain and inflammation. The request for Naproxen 550mg #100 was denied on May 22, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Ondansetron ODT 8mg #30 with 2 refills was for nausea. The request for Ondansetron ODT 8mg #30 with 2 refills was denied on May 22, 2014, citing a lack of documentation of nausea or vomiting. The stated purpose of the request for Orphenadrine Citrate ER 100mg #120 was as sleep aid. The request for Orphenadrine Citrate ER 100mg #120 was denied on May 22, 2014, citing a lack of documentation of neither "Y" drug trials nor functional improvement. The stated purpose of the request for Tramadol ER 150mg #90 was for acute, severe pain. The request for Tramadol ER 150mg #90 was denied on May 22, 2014, citing a lack of documentation of functional improvement or measures of opiate surveillance. The stated purpose of the request for Terocin Patches #30 was for chronic pain. The request for Terocin Patches #30 was denied on May 22, 2014, citing a lack of documentation of intolerance of similar medications on neither an oral basis nor first-line therapy trials. Per the report dated May 15, 2014, the treating physician noted complaints of neck pain with radiculopathy and headaches, right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg #100, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The treating physician has documented complaints of neck pain with radiculopathy and headaches, right shoulder pain. This medication has been prescribed since at least November 2013. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg #100 is not medically necessary.

Ondansetron ODT 8mg #30 with 2 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Anti-emetics for opioid nausea.

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

Decision rationale: The requested Ondansetron ODT 8mg #30 with 2 refills, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The treating physician has documented complaints of neck pain with radiculopathy and headaches, right shoulder pain. This medication has been prescribed since at least November 2013. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Ondansetron ODT 8mg #30 with 2 refills is not medically necessary.

Orphenadrine Citrate ER 100mg #120: 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 Guidelines, Muscle Relaxants, Page(s): 63-66.

Decision rationale: The requested Orphenadrine Citrate ER 100mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented complaints of neck pain with radiculopathy and headaches, right shoulder pain. This medication has been prescribed since at least November 2013. The treating physician has not documented spasticity or hypertonicity on exam, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine Citrate ER 100mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, an.

Decision rationale: The requested Tramadol ER 150mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented complaints of neck pain with radiculopathy and headaches, right shoulder pain. This medication has been prescribed since at least November 2013. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 150mg #90 is not medically necessary.

Terocin Patches #30: Upheld

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

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

Decision rationale: The requested Terocin Patches #30, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The treating physician has documented complaints of neck pain with radiculopathy and headaches, right shoulder pain. This medication has been prescribed since at least November 2013. The treating physician has not documented trials of anti-depressants or anti-convulsants. The criteria noted above not having been met, Terocin Patches #30 is not medically necessary.