

Case Number:	CM14-0092874		
Date Assigned:	07/25/2014	Date of Injury:	06/05/2012
Decision Date:	10/06/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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 claimant was injured on 06/05/12 while lifting boxes. Requests for tramadol, ondansetron, orphenadrine, and Terocin patches are under review. The claimant reports constant neck pain rated at 8-9/10 and headaches that occur almost every day. The pain radiates into her head and back and down the right arm to the fourth and fifth fingers with constant numbness and tingling. She also complains of constant pain between her shoulder blades rated 9/10 that goes up and down the back. She has right elbow pain that is rated 10/10 and goes down to the right hand with intermittent numbness of the fourth and fifth fingers. EMG/NCV on 05/02/13 were negative. She is status post right lateral epicondylar release, epicondylectomy, repair of extensor tendon mechanism, excision of exostosis/removal of osteophytes, right elbow, right cubital tunnel release and extensive epineurolysis of the right ulnar nerve and right medial epicondylectomy with decompression of the arcade of Struthers and proximal forearm fasciotomy on 09/20/13. She had a QME on 02/05/14. On 04/08/14, she reported constant cervical pain radiating to the right elbow with a well-healed right elbow scar. There was tenderness at the neck and trapezius with spasm, positive Spurling's, and decreased range of motion and tenderness of the right elbow. On 05/11/14, multiple medications were ordered. She was taking naproxen for inflammation and pain, orphenadrine for muscle spasm or sleep, ondansetron for nausea, and omeprazole to prevent problems with her stomach. She was also prescribed tramadol and Terocin patches. She is status post MRIs of her neck and upper back in July 2012 and had physical therapy. She has had extensive evaluation and treatment. She saw [REDACTED] on 04/02/14 for a QME. She was diagnosed with cervical and thoracic myofascial pain syndrome, cervical and upper thoracic myofascial sprain, right elbow medial epicondylitis, and right cubital tunnel syndrome. She complained of pain and headaches with pain around the

neck and shoulders. She also had ongoing pain about the elbow. There is no documentation of gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Medications for Chronic Pain, Page(s): 145;94.

Decision rationale: The history and documentation do not objectively support the request for tramadol. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Also, before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005" There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs such as acetaminophen and anti-inflammatories. The claimant was also given naproxen. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol 150 mg #90 has not been clearly demonstrated.

Ondansetron 8mg, qty 60: 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 in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014: Ondansetron (Zofran)

Decision rationale: The history and documentation do not objectively support the request for ondansetron 8 mg. The PDR recommend Zofran for nausea in postoperative patients or those receiving chemotherapy, neither of which is present in this case. The indication for the use of this medication in this claimant has not been explained and none can be ascertained from the file. There is no documentation of persistent nausea or vomiting. The medical necessity of this request for ondansetron 8 mg #60 has not been clearly demonstrated.

Orphenadrine Citrate 100mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity Drugs, Antispasmodics,. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014); Antispasticity Drugs, Antispasmodics, Antispasticity/Antispasmodic Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for orphenadrine citrate 100 mg. The MTUS Chronic Pain Medical Treatment guidelines state for muscle relaxants "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" The medical documentation provided does not establish the need for continued use of a muscle relaxant. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for orphenadrine 100 mg #120 is not medically necessary.

Terocin Patches, qty 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 Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Terocin patches. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of other medications for pain, also, with no evidence of intolerance or lack of effectiveness. It is not clear whether the claimant has failed trials of local modalities such as ice or heat or has been involved in an ongoing program of exercise for continued rehabilitation. The medical necessity of this request for Terocin patches #30 has not been clearly demonstrated.