

<b>Case Number:</b>	CM14-0095221		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/13/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 & Rehabilitation 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 51-year-old male with a reported dated of injury on 06/13/2006. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar discopathy/facet arthropathy, improved right shoulder internal derangement, status post right wrist fracture, right hip internal derangement, internal derangement of the left knee, fracture to the right foot, status post right foot/ankle fracture and status post left ankle sprain/strain. His previous treatments were noted to include physical therapy and medications. The progress note dated 06/25/2014 revealed the injured worker complained of constant pain to the low back aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain was characterized as sharp with radiation into the lower extremities. The injured worker rated his pain 8/10 and complained of frequent pain to the right wrist/hand that was aggravated by repetitive motions. The injured worker rated that pain as 6/10. The physical examination of the lumbar spine revealed paravertebral muscle tenderness with spasming, seated nerve root test was positive, range of motion was guarded and restricted. The physical examination of the wrist/hand revealed tenderness over the volar aspect of the wrist, positive palmar compression test with subsequent Phalen's maneuver, positive Tinel's sign and full range of motion but painful. His medications were noted to include Naproxen Sodium tablets 550 mg #100 for inflammation and pain, Orphenadrine Citrate ER 100 mg as a muscle relaxant and sleep aid, Ondansetron tablets 8 mg #30 x2, quantity 60 was for nausea associated with headaches, Omeprazole delayed release capsules 20 mg #120 for gastrointestinal symptoms, Tramadol Hydrochloride ER 150 mg #90 for acute severe pain and Terocin patches quantity 30 for treatment of mild to moderate acute or chronic aches or pain. The Request for Authorization form dated 06/04/2014 was for Naproxen Sodium tablets 550 mg quantity 120 once every 12 hours with food as needed for pain and

inflammation, Omeprazole 20 mg quantity 120, 1 every 12 hours as needed for upset stomach, Ondansetron 8 mg quantity 30 as needed for nausea, Orphenadrine quantity 120, 1 every 8 hours as needed for pain and spasm, Tramadol ER 150 mg quantity 90 daily as needed for severe pain and Terocin patches quantity 30 as needed for moderate acute or chronic aches or pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **120 Naproxen sodium 550 mg: 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 NSAIDs Page(s): 67.

**Decision rationale:** The request for 120 Naproxen Sodium 550 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short term symptomatic relief of chronic low back pain. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

#### **120 Omeprazole 20 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (proton pump inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**Decision rationale:** The request for 120 Omeprazole 20 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state physicians should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAIDs. There is a lack of documentation regarding efficacy of this medication, complaints of stomach upset from the injured worker and the request failed to provide the

frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**60 Ondansetron 8 mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center: Acute pain management in older adults.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-emetic (for opioid nausea).

**Decision rationale:** The request for 60 Ondansetron 80 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines recommend antiemetics for acute use for chemotherapy and radiation treatment. Ondansetron is also FDA approved for postoperative use and gastroenteritis. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**120 Orphenadrine citrate ER 100 mg: 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 Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The request for 120 Orphenadrine citrate ER 100 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs and pain in overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolong use of some medications in this class may lead to dependence. There was a lack of documentation regarding efficacy of this medication and the injured worker has been utilizing this medication for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**90 Tramadol ER 150 mg: 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 Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for 90 Tramadol ER 150 mg is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with these medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

### **30 Terocin patches:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for 30 Terocin patches is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patches consist of Lidocaine and menthol. The guidelines indication for topical Lidocaine is neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or NAED such as Gabapentin or Lyrica). Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidoderm has orphan status by the FDA for neuropathic pain and no other formulation of topical Lidocaine is recommended by the guidelines. Additionally, the request failed to provide the efficacy and frequency of this medication to be utilized. Therefore, the request is not medically necessary.

