

<b>Case Number:</b>	CM14-0098230		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family 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:

This is a 39-year-old female who reported an industrial injury to the hand, back, and elbow on 12/24/2010, almost four (4) years ago, attributed to the performance of her usual and customary job tasks. The patient continues to complain of low back pain, elbow pain and hand pain. The patient subsequently was treated with left elbow surgical intervention. The MRI of the lumbar spine documented evidence of L5-S1 this level demonstrates degenerative dehiscence of the nucleus pulposus with a 4 mm poster protrusion indenting the left side of the lumbosacral sac; neural foramen appear patent; lateral recess clear; mild thickening of the ligamentum flavum; normal articular facets. The patient is diagnosed with chronic pain; lumbar radiculitis; carpal tunnel syndrome; and history of left elbow surgery. The patient has been prescribed naproxen 550 mg #120; omeprazole 20 mg #30; ondansetron 8 mg #30 orphenadrine #120; tramadol ER 150 mg #90; and terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical salicylate; topical analgesics; anti-inflammatory medications Page(s): 105, 111-113, 67-.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain salicylate topicals

**Decision rationale:** The prescription for Terocin patches #30 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical patches for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical NSAID medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Terocin patches is not medically necessary for the treatment of the patient for the diagnosis of chronic pain. The patient is four years s/p DOI and has exceeded the time period recommended for topical treatment. There are alternatives available OTC for the prescribed topical analgesics. The volume applied and the times per day that the patches are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription for Terocin patches is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin patches is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain. There is no documented medical necessity for the prescribed Terocin patches #30 for the effects of the industrial injury.

**Orphenadrine Citrate #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64, 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

**Decision rationale:** The prescription for Norflex (Orphenadrine ER) 100 mg #120 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic low back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back. The prescription for Orphenadrine ER is not demonstrated to be medically

necessary for the effects of the industrial injury six (6) years ago. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Norflex/Orphenadrine ER 100 mg #120.

**Ondansetron 8mg ODT #30: 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 Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

**Decision rationale:** The treating provider provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of Ondansetron for episodes of nausea and vomiting allegedly due to the side effects of medications is not supported with objective evidence. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects prescribed for the course of treatment. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications or from SCS use. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for the prescribed Ondansetron 8 mg #30. Zofran: (Ondansetron) is a serotonin 5-HT<sub>3</sub> receptor antagonist used mainly as an antiemetic to treat nausea and vomiting, often following chemotherapy. Its effects are thought to be on both peripheral and central nerves. Ondansetron reduces the activity of the vagus nerve, which deactivates the vomiting center in the medulla oblongata, and also blocks serotonin receptors in the chemoreceptor trigger zone. It has little effect on vomiting caused by motion sickness, and does not have any effect on dopamine receptors or muscarinic receptors.