

<b>Case Number:</b>	CM14-0103836		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 42-year-old male reported a work-related injury on 04/04/2013. According to the PR2 dated 5/21/14, the injured worker (IW) reports constant neck and low back pain with radiation to the right leg with numbness. The IW was diagnosed with cervicalgia and lumbago. Previous treatments include medications. The treating provider requests Ondansetron ODT tablets 8mg, #60; Omeprazole delayed-release capsules 20mg, #120; Orphenadrine Citrate #120; Tramadol Hydrochloride ER 150mg, #90 and Terocin patch #30. The Utilization Review on 06/10/2014 non-certified the request for Ondansetron ODT tablets 8mg, #60; Omeprazole delayed-release capsules 20mg, #120; Orphenadrine Citrate #120; Tramadol Hydrochloride ER 150mg, #90 and Terocin patch #30. References cited include CA MTUS Chronic Pain Medical Treatment and Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC): Pain Procedure Summary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT Tablets 8mg #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 (ODG) - TWC Pain Procedure Summary last updated 05/15/2014, Ondansetron (Zofran).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron.

**Decision rationale:** Ondansetron is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or by chemotherapy or radiation. It is not recommended for nausea and vomiting secondary to chronic opiate use. This medication is recommended for acute use as noted per FDA-approved indications. In this case, there is no documentation that the patient is experiencing nausea and/or vomiting. There is no specific indication for the use of Ondansetron at this time. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Omeprazole Delayed - Release Capsules 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, there is no documentation of concurrent NSAID use. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole Delayed-Release Capsules has not been established. The requested medication is not medically necessary.

**Orphenadrine Citrate #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 05/15/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

**Decision rationale:** According to CA MTUS guidelines (2009), Orphenadrine citrate (Norflex) is an antispasmodic agent, under the classification of skeletal muscle relaxants for pain. It is a derivative of diphenhydramine but has greater anticholinergic effects, and has approximately 58% anticholinergic potency of atropine at equivalent doses. It has prominent CNS and peripheral actions used to treat muscle injuries, muscle spasms, radiculopathy, and headaches. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication is not recommended to be used for longer than 2-3 weeks. In this case, there is no documentation of objective functional improvement from any prior use of this medication. Based on the currently available information, the medical necessity for Orphenadrine citrate has not been established. The requested medication is not medically necessary.

**Tramadol Hydrochloride ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain in General Conditions, Therapeutic Trail of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**Decision rationale:** According to the California MTUS, Tramadol is a synthetic opiate, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opiate therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Terocin Patch #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): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for

example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation provided necessitating the use of a Terocin patch. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. According to CA MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.