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| Case Number: | CM14-0096812 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 05/18/2005 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old male, who sustained an industrial injury on 5/18/2005. He reported low back and right knee pain. The injured worker was diagnosed as having lumbago, and right knee pain. Treatment to date has included medications and physical therapy. The request is for Orphenadrine Citrate, Ondansetron, Tramadol, and Terocin patches. On 5/15/2015, he complained of intermittent pain. He rated his pain 7/10 to the low back and right leg. He indicated he had some weakness. The treatment plan included: Terocin patches, Tramadol, Omeprazole, Ondansetron, Naproxen, and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized from short-term treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not show that the patient failed treatment with NSAIDs and co-analgesics. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommend maximum period of 4 to 6 weeks. The criteria for the use of Orphenadrine citrate 100mg #120 was not met therefore the request is not medically necessary.

Ondansetron 8mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of anti-emetic in chronic pain be limited to periods of chemotherapy and acute care settings. Ondansetron can also be utilized for the short-term treatment of nausea and vomiting associated with acute migraine attacks. The guidelines noted that the nausea and vomiting associated with chronic opioid treatment is self-limiting. The records indicate that the patient is on chronic treatment with ondansetron. The use of ondansetron is not limited to short term treatment in the acute care setting. The criteria for the use of ondansetron was not met therefore the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic treatment with opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. There is no documentation of guidelines required compliance of UDS, CURES data reports, absence of aberrant behaviors and functional restoration. There is no documentation of failure of treatment with NSAIDs and non-opioid co-analgesic medications. The criteria for the use of Tramadol ER 150mg #90 was not met therefore the request is not medically necessary.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first-line anticonvulsant and antidepressant medications have failed. The records do not show subjective or objective findings of localized neuropathic pain. There is no documentation of failure of first line medications. The guidelines recommend that topical medications be utilized individually for effective evaluation of efficacy. The Terocin contains methyl salicylate 25%, capsaicin 0.025%, menthol 10% and lidocaine 2.5%. There is lack of guidelines support for the chronic use of methyl salicylate and menthol in the treatment of musculoskeletal pain. The criteria for the use of Terocin patch #30 was not met therefore the request is not medically necessary.