

Case Number:	CM13-0041938		
Date Assigned:	02/20/2014	Date of Injury:	01/13/2012
Decision Date:	04/24/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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: California, Washington Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old male who reported an injury on 01/13/2012. The mechanism of injury was cumulative trauma. There was a Request for Authorization submitted for review dated 09/16/2013. The documentation of 08/26/2013 revealed the injured worker had continued symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. The injured worker was noted to have undergone a left cubital tunnel release and carpal tunnel release. The diagnosis included double crush syndrome. The physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. The axial loading compression test and Spurling's maneuver were positive. There was painful restricted range of motion with dysesthesia at C5-7 dermatomes. The examination of the bilateral shoulders revealed tenderness at the shoulder anteriorly and a positive Hawkins impingement sign with pain with terminal motion. The examination of the left upper extremity revealed well healed incisions in both the left elbow and hand. There were no significant neurological deficits or symptoms consistent with cervical radiculitis. The examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles with spasms. There was limited lumbar range of motion and a positive seated nerve root test. There was dysesthesia at L5 and S1 dermatomes. The documentation further indicated the injured worker had a well healed incision in and around the right hip joint consistent with a total hip replacement. The injured worker had tenderness in the anterior joint line space of the bilateral knees. This was reproducible symptomatology with a positive McMurray's. The patellar grind test was positive. The diagnosis included electrodiagnostic evidence of bilateral carpal tunnel syndrome, cervical/lumbar radiculopathy, double crush syndrome. Additional diagnoses included status post right total hip arthroplasty and bilateral knee surgeries. The treatment plan included injection blocks with respect to the lumbar spine. The documentation of 09/16/2013

revealed the date of examination was 08/26/2013. The injured worker was prescribed naproxen sodium tablets for inflammation and pain, cyclobenzaprine for palpable muscle spasms, Sumatriptan succinate tablets 25 mg for migrainous headaches, ondansetron 4 mg tablets for nausea as a side effects of cyclobenzaprine and other analgesics, omeprazole DR for GI symptoms, Medrox patches to reduce inflammation and relieve acute pain, tramadol ER for acute severe pain, and quazepam 15 mg at bedtime for the short term relief of sleep disturbance such as insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ONDANSETRON ODT TABLETS 8 MG #30 TIMES TWO #60

DOS: 8/26/13: 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), Pain.

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

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for the treatment of nausea and vomiting secondary to opioid use. The clinical documentation submitted for review indicated the injured worker was utilizing medication for side effects due to cyclobenzaprine and other analgesic agents. There was a lack of documented efficacy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendation. There was a lack of documentation indicating a necessity for x2 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ondansetron ODT tablets 8 mg #30 times two #60 DOS 08/26/13 is not medically necessary.

RETROSPECTIVE CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5.MG #120

DOS: 8/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine hydrochloride tablets 7.5.MG #120, DOS 08/26/13 is not medically necessary.

RETROSPECTIVE TRAMADOL HYDROCHLORIDE ER 150 MG #90 DOS: 8/26/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol hydrochloride ER 150 MG #90 DOS 08/26/13 is not medically necessary.

RETROSPECTIVE QUAZEPAM TABLETS USP 15MG CIV #30 DOS: 8/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker was to utilize the medication for short term sleep disturbance. The duration of use could not be established. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for quazepam tablets USP 15MG CIV #30, DOS 08/26/13 is not medically necessary.

RETROSPECTIVE MEDROX PATCH #30 DOS: 8/26/13: 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 Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Medrox Online Package Insert.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an

option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to provide the body part to be treated with the Medrox patch. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressant and anticonvulsant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Medrox patch #30, DOS 08/26/13 is not medically necessary.