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| <b>Case Number:</b>   | CM14-0102059 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 12/21/2005 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 06/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2014 |

### 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 and 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 patient is a 53-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, cervicalgia, lumbar discopathy, bilateral plantar fasciitis, and trigger finger associated with an industrial injury date of 12/21/2005. Medical records from 2014 were reviewed. The patient complained of right hand pain four months status post carpal tunnel release. A physical examination of the right hand showed positive for cellulitis and erythema. No wound discharge was present. Neurovascular exam was intact. The treatment to date has included right carpal tunnel release on 5/9/2014, physical therapy, occupational therapy, cortisone injection, and medications such as Naproxen, Omeprazole, Ondansetron, Orphenadrine, Tramadol, Terocin patch, and Levofloxacin. The utilization review from 06/20/2014 denied the request for Naproxen 550 mg #120 because of no documented functional improvement; denied Omeprazole 20 mg #120 because of no documented gastritis or gastrointestinal upset; denied Ondansetron 8 mg ODT #30 because there were no complaints of nausea or vomiting; denied Orphenadrine Citrate #120 because there was no documentation of muscle spasms; denied Tramadol ER 150mg #90 because there was no report concerning failure of first line analgesics; denied Terocin Patch #30 because of no documentation that the patient had failed a trial of first-line therapy; and denied Levofloxacin 750 mg #30 because of no clear rationale for antibiotic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn) Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 550 mg #120 is not medically necessary.

**Omeprazole 20 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since January 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, the patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20 mg #120 is not medically necessary.

**Ondansteron 8 mg ODT #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 04/10/2014).

**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, Antiemetics (for opioid nausea) and Ondansetron.

**Decision rationale:** The California MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter,

Antiemetics (for opioid nausea) and Ondansetron was used instead. The ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the patient is 4 months status post carpal tunnel release; however, there were no subjective complaints of nausea and vomiting. Patient likewise is not on cancer chemotherapy or radiation therapy. There is no clear indication for this medication. Therefore, the request for Ondansetron 8 mg ODT #30 is not medically necessary.

### **Orphenadrine Citrate #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

**Decision rationale:** According to page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on orphenadrine since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination failed to show evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Orphenadrine Citrate #120 is not medically necessary.

### **Terocin Patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

**Decision rationale:** Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Regarding the Menthol component, the California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that patient was on Terocin patch since January 2014 for neuropathic pain. However, there was no documentation concerning pain relief and functional improvement derived from its use. There was likewise no evidence of trial in first-line therapy. Guideline criteria were not met. Therefore, the request for Terocin Patch #30 is not medically necessary.

**Levofloxacin 750 mg #30: 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), Infectious Diseases (updated 02/21/2014) and on the Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmed/16570547> Cleve Clin J Med. 2006 Mar;73 Suppl 1:S42-5.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference 2014, Levofloxacin.

**Decision rationale:** The California MTUS does not address Levofloxacin specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician's Desk Reference 2014 was used. The Physician's Desk Reference 2014 states that Levofloxacin is an antibiotic used to treat a variety of infections. In this case, patient is 4 months status post carpal tunnel release. Physical examination showed positive for cellulitis and erythema; hence, prescription of antibiotic has been established. However, medical records reviewed showed that patient was started on Levofloxacin since March 2014. There was no discussion concerning intended duration of antibiotic therapy. The medical necessity cannot be established due to insufficient information. Therefore, the request for Levofloxacin 750mg #30 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since January 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol ER 150mg #90 is not medically necessary.