

Case Number:	CM14-0133663		
Date Assigned:	09/18/2014	Date of Injury:	05/22/2013
Decision Date:	12/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/22/13 when, while participating in a police training class he fell, landing on his back and both wrists. His wrist pain resolved. He had ongoing back pain and underwent a lumbar spine fusion on February 7, 2014 and a second surgery three weeks later due to an infection. He was seen on 06/19/10. He was having constant low back pain rated at 4/10. Physical examination findings included lumbar paraspinal muscle spasm with tenderness and guarded and restricted lumbar spine range of motion. Strength and sensation were normal. Medications were refilled. He was continued out of work. Authorization for physical therapy was requested. On 07/03/14 pain was improving. He was having ongoing back pain radiating into the lower extremities. Physical examination findings appear unchanged. He was continued out of work. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 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 (ODG)-TWC Pain Procedure Summary last updated 06/10/2014 (Antiemetics for opioid nausea). Mosby's Drug Consult. Zofran/Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Ondansetron prescribing information

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic back pain with treatments including a lumbar spine fusion complicated by an infection in February 2014. Indications for prescribing ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, there is no history of opioid induced nausea and there is no other clinical reason identified that would support the use of this medication which is therefore not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #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 06/10/2014 Non-sedating Muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants Page(s): 63.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic back pain with treatments including a lumbar spine fusion complicated by an infection in February 2014. Medications include cyclobenzaprine which is being prescribed on a long term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no identified new injury or exacerbation and cyclobenzaprine is being prescribed on a long-term basis. It is therefore not medically necessary.

Tramadol ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criter.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic back pain with treatments including a lumbar spine fusion complicated by an infection in February 2014. Medications include Tramadol ER which is being

prescribed on a long term basis. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER is medically necessary.

Menthoderm Gel 120gm #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic back pain with treatments including a lumbar spine fusion complicated by an infection in February 2014. Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as osteoarthritis, fibromyalgia, and chronic nonspecific back pain. In this case, the claimant has chronic back pain and has only responded partially to other conservative treatments. Therefore, Menthoderm is medically necessary.