

Case Number:	CM13-0016042		
Date Assigned:	11/06/2013	Date of Injury:	07/22/2008
Decision Date:	09/17/2015	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

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: 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 (IW) is a 45 year old female who sustained an industrial injury on 07/22/2008. The initial report of injury is not found in the medical records reviewed. The injured worker was seen on 08/15/2008 after lifting a 170 lb. patient, and diagnosed with cervical strain, acute lumbosacral strain, post traumatic headache, dizziness, hypesthesias left face, and left 3rd, 4th and 5th fingers, neck pain , and lower back pain. Treatment to date has included neck and back surgeries, pain management, and medication monitoring. Currently, the injured worker complains of pain in the neck and back. Examination on 03/05/2013 detailed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm and pain with terminal motion. Examination of the lumbar spine was noted to reproducible symptomatology over the top of the palpable implants, no significant sign of radiculopathy and dysesthesia in the L4-5 dermatomes. The treatment plan on 03-05-2013 was for removal of the lumbar spine hardware with inspection of fusion. According to provider notes of 07-19-2013, the worker was taking Naproxen and noted relief of symptoms with use of this medication in the past allowing activities of daily living to be maintained. Cyclobenzaprine was given for muscle spasms which were noted in the exam of 07-19-2019. The worker noted significant improvement in spasms with Cyclobenzaprine. Ondansetron ODT was provided for nausea associated with headaches present with chronic cervical spine pain. Omeprazole was prescribed for prevention of upset stomach in conjunction with pain and anti-inflammatory medication. The worker described stomach upset and epigastric pain with Naproxen in the past. Medrox patches were prescribed to reduce inflammation and relieve acute pain not alleviated by over the counter medications.

Tramadol was prescribed for acute pain. In the exam of 07-19-2013, the worker described acute exacerbation of severe pain related to her orthopedic condition. Past use of opioids decreased pain and improved function. No further details were given concerning adverse side effects or adverse behavior. There was no documentation of pain levels at the time of the exam, and the worker's pain between visits. No detailed physical exam was found from the prescribing date, nor was there description of any treatment plan other than medication refills. A request for authorization was made for: 1. Cyclobenzaprine Hydrochloride 7.5mg #120; 2. Medrox Patch #30; 3. Tramadol Hydrochloride ER 150mg #90; 4. Ondansetron ODT 8mg #30 with 1 refill; 5. Omeprazole Delayed Release 20mg #120; 6. Naproxen Sodium 550mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. 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 for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the duration of utilization of the muscle relaxant had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The request for the use of Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Medrox Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line anti-convulsant and antidepressant medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. The Medrox compound contains menthol 5%/capsaicin

0.0375%/methyl salicylate 20%. There is lack of guideline support for the use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The request for the use of Medrox patch # 30 is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesic and PT have failed. The chronic use of NSAIDs can be associated with tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient had utilized Tramadol or other opioids for many years. There is no documentation that non opioids co-analgesics have failed. There is no documentation of significant functional restoration with the use of Tramadol. The request for the use of Tramadol Hydrochloride ER 150mg #90 is not medically necessary.

Ondansetron ODT 8mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of Ondansetron be limited to short term periods for the treatment of chemotherapy or migraine induced nausea and vomiting and during the peri-operative period. The records indicate that the duration of use of ondansetron had exceed the guidelines recommendation. The nausea and vomiting associated with the use of opioids is self limiting. There is no documentation did not indicate a diagnosis of chronic nausea and vomiting. The request for the use of Ondansetron ODT 8mg #30 with 1 refill is not medically necessary.