

Case Number:	CM13-0064325		
Date Assigned:	05/07/2014	Date of Injury:	03/23/2011
Decision Date:	06/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55 year-old with a date of injury of 03/23/11. A progress report associated with the request for services, dated 08/26/13, identified subjective complaints of neck and low back pain. Objective findings included tenderness to palpation of the cervical and lumbar spines. There was weakness and decreased sensation of the upper extremities. There was also decreased sensation in the L5-S1 dermatomes bilaterally. Diagnoses included cervical and lumbar discopathy. Treatment has included chiropractic and physiotherapy. A Utilization Review determination was rendered on 11/27/13 recommending non-certification of "Ondansetron ODT 8mg #60 and Terocin patches #10".

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA), <http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm271924.html>.

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

Decision rationale: Zofran (Ondansetron) is a serotonin 5-HT₃ receptor antagonist used for the treatment of nausea. The Medical Treatment Utilization Schedule (MTUS) does not address the use of antiemetics or Zofran specifically. The Official Disability Guidelines (ODG) state that Ondansetron is not recommended for nausea and vomiting secondary to opioid use. Likewise, it is only FDA-approved for nausea and vomiting secondary to chemotherapy, postoperative use, and gastroenteritis. The medical record does not document any of the above indications and therefore the medical necessity for Zofran in this case was not proven.

TEROCIN PATCHES #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; TOPICAL SALICYLATES Page(s): 105, 111-113, 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation, Terocin was not proven.