

Case Number:	CM13-0071298		
Date Assigned:	01/08/2014	Date of Injury:	03/04/2009
Decision Date:	11/26/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 Family Medicine 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:

This is a 50-year-old male patient who reported an industrial injury to the back on 3/4/2009, over five (5) years ago, attributed to the performance of his usual and customary job duties as a Sheriff's deputy. The patient is being treated for the diagnoses of lumbar radiculitis and lumbar discopathy. The patient has been treated with physical therapy; medications; exercises; and acupuncture. The patient was evaluated by an AME on 8/31/2010. The AME diagnoses included thoracic strain and multilevel lumbar degenerative disc disease. The patient complained of progressive back discomfort. The objective findings on examination included tenderness to palpation to the lumbar spine; flexion extension or guarded and restricted; some dysesthesia in the lower extremities right side more pronounced and left side; positive seated nerve root stress test. The treatment plan included the prescription for Zofran 8 mg #30 with two refills 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 TABLETS 8MG #30 X 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

Decision rationale: The treating provider provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron 8 mg #30 with refill x2 for nausea or vomiting. The prescription of Ondansetron for episodes of nausea and vomiting allegedly due to the side effects of medications is not supported with objective evidence. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects prescribed for the course of treatment. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for the prescribed ondansetron 8 mg #30 with refill x2. Therefore, the request is not medically necessary.

TEROCIN PATCH #10: 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 analgesics, anti-inflammatory medications Page(s): 105, 111-113, 67-. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain salicylate topicals

Decision rationale: The prescription for Terocin patches #10 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical patches for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical NSAID medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no demonstrated medical necessity for the prescription of TEROGIN patches #10 for the treatment of chronic low back pain due to degenerative disc disease. The request for Terocin patches is not medically necessary for the treatment of the patient for the diagnosis of chronic back pain. The patient is 5 years s/p DOI and has exceeded

the time period recommended for topical treatment. There are alternatives available OTC for the prescribed topical analgesics. The volume applied and the times per day that the patches are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription for Terocin patches is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin patches is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain. There is no documented medical necessity for the prescribed Terocin patches #30 with refill x2 for the effects of the industrial injury. Therefore, the request is not medically necessary.