

Case Number:	CM14-0003391		
Date Assigned:	01/31/2014	Date of Injury:	10/03/2013
Decision Date:	11/14/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 & 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:

This is a 54-year-old male with a 10/3/13 date of injury, when he fell backward and sustained injuries to his lower back. The patient was seen on 12/9/13 with complaints of frequent lower back pain radiating to the left lower extremity with associated tingling and numbness. Exam findings of the thoracolumbar spine revealed pain and tenderness at the thoracolumbar junction and significant reproducible pain in the distal lumbar segments. There was tenderness with the range of motion in the lumbar spine and some L5-S1 dysesthesia in the lower extremities. The radiographs of the lumbar spine (the radiology report was not available for the review) revealed some disc space height collapse and spondylosis in the distal lumbar segments, most pronounced at the levels of L5-S1 and some spondylosis in the thoracolumbar region. The reviewer's note indicated that the supplemental report dated 12/16/13 stated that Ondansetron was prescribed for nausea as a side effect to Cyclobenzaprine and that Terocin patches were prescribed for the patient's acute and chronic pain. The diagnosis is lumbago and thoracolumbar discopathy. Treatment to date: medications. An adverse determination was received on 12/23/13 for lack of nausea due to chemotherapy, radiation therapy and surgery and a lack of rationale for necessity for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin patch Page(s): 112.

Decision rationale: CA MTUS chronic pain medical treatment guidelines state that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states 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). However, there is a lack of documentation indicating that the patient tried and failed first line oral therapy treatment for localized peripheral pain. In addition, there is a lack of documentation indicating positive functional gains from the previous treatment with Terocin patch. Therefore, the request for Terocin patch #10 was not medically necessary.

Ondansetron ODT tablets 8mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm271924.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, there is a lack of documentation indicating that the patient was receiving chemotherapy or radiation therapy treatments or underwent recent surgery. The supplemental report indicated that Ondansetron was prescribed for the patient's nausea due to Cyclobenzaprine use, which is not an indication due to the FDA Guidelines. Therefore, the request for Ondansetron ODT Tablets 8mg #30 with 2 refills was not medically necessary.