

Case Number:	CM14-0006015		
Date Assigned:	03/03/2014	Date of Injury:	10/24/2008
Decision Date:	06/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 42 year old male injured on 10/24/08 due to undisclosed mechanism of injury. Current diagnoses included internal derangement of the right knee, cervical discopathy with radiculitis, status post posterior lumbar interbody fusion, and retained symptomatic lumbar spinal hardware. Clinical note dated 11/11/13 indicated the patient underwent 360 lumbar arthrodesis in 2001 with residual symptomology which worsens particularly with colder weather for long periods of sitting and lying flat. Recommendations had been made for L4 to S1 removal of hardware with inspection of fusion, possible nerve root exploration, and regrafting of screw holes. The status of this surgical intervention was unknown. The patient has continued to work full time status. Naproxen 550mg, cyclobenzaprine 7.5mg, Ondansetron ODT 8mg, omeprazole 20mg, tramadol 150mg, and Terocin patch were requested for pain management. Objective findings were not provided in the most recent clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 8MG #60 BETWEEN 11/21/2013 AND 3/21/2014: 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) Pain (Chronic), Antiemetics (For Opioid Nausea).

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).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the patient has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for ondansetron 8mg #60 between 11/21/2013 and 3/21/2014 is not medically necessary.

TEROCIN PATCHES #10 BETWEEN 11/21/2013 AND 3/21/2014: 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 ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Terocin Patches #10 between 11/21/2013 and 3/21/2014 are not medically necessary as it does not meet established and accepted medical guidelines.