

Case Number:	CM14-0006372		
Date Assigned:	02/07/2014	Date of Injury:	05/01/2008
Decision Date:	07/03/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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 Internal 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:

The injured worker is a 59-year-old female who reported an injury on 05/01/2008. The diagnosis included lumbar region disc disorder. Prior treatments included injections, medications, activity modification, physical therapy, and a TENS unit. The mechanism of injury was not provided. The documentation of 12/13/2013 revealed the medication ondansetron was being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. The Terocin patches were being prescribed to assist the injured worker with treatment of mild to moderate acute or chronic aches or pains.

IMR ISSUES, DECISIONS AND RATIONALES

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

ODANSETRON ODT TABLETS 8MG # 60: 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 Official Disability Guidelines (ODG) Pain Chapter, Ondansetron.

Decision rationale: The Official Disability Guidelines indicate that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The clinical

documentation indicated the injured worker was being prescribed the medication due to nausea secondary to medication use. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ondansetron ODT tablets 8 MG # 60 is not medically necessary.

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate , Topical Analgesic, Lidocaine Page(s): 105, 111, 112.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of a trial and failure of first line therapy. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Terocin patch#10 is not medically necessary.