

<b>Case Number:</b>	CM14-0101229		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Occupational 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 patient is a 66 y/o male who developed low back and knee problems secondary to an injury dated 8/7/12. He is status post a multilevel lumbar fusion in Sept. '13. He has recently had a total knee arthroplasty on 5/16/14. Medications are dispensed by the primary treating physician. There is no documentation regarding the use patterns or level of pain relief from the medications. The UR denial is dated 6/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guideines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not

recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.

**Naproxen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 68.

**Decision rationale:** MTUS Guidelines supports the use of NSAIDs if there is an arthritic condition and/or flare-ups of a chronic painful condition. This patient was 1 month out from a total knee replacement. The use of Naprosyn is consistent with Guidelines under these circumstances. The Naprosyn is medically necessary.

**Tramadol:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79, 80.

**Decision rationale:** MTUS Guidelines supports the reasonable use of Opioids for pain relief. This patient is 1 month s/p a total knee replacement. Limited use of Opioids is consistent with Guidelines under these circumstances. The Tramadol is medically necessary. If use is chronic and continues for greater than 6 months s/p surgery, a re-review may be appropriate. The request is medically necessary.

**Cyclobenzaprine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63, 64.

**Decision rationale:** MTUS Guidelines do not recommend the use of muscle relaxants on a chronic basis i.e. greater than 4 weeks. This patient is 4 weeks s/p surgery and there is no indication of ongoing severe muscle spasm or any unusual circumstances that would justify an exception to Guidelines. The Cyclobenzaprine is not medically necessary.

**Omeprazole:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS AND GI RISK Page(s): 68.

**Decision rationale:** MTUS Guidelines supports the use of proton pump inhibitors if there is an intermediate risk of GI bleeding from NSAID use. An age over 65 y/o is considered an intermediate risk. As long as NSAID's are utilized, the Omeprazole is medically necessary.

**Ondansetron:** 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, ANTI-EMETICS.

**Decision rationale:** The Ondansetron has been dispensed on a chronic basis long before the knee surgery and afterward. MTUS Guidelines do not specifically address this drug, but ODG Guidelines do. The Guidelines note that this drug has FDA approval for the immediate post operative period of nausea and vomiting and for GI symptoms related to chemotherapy. These conditions do not apply to this patient. In addition, Guidelines do not recommend its use of opioid related nausea. The dispensed Ondansetron is not medically necessary.