

Case Number:	CM14-0104158		
Date Assigned:	07/30/2014	Date of Injury:	06/22/2011
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 injured worker is a 54 year old male who sustained an injury on 06/22/11. No specific mechanism of injury was noted. The injured worker was status post anterior cervical discectomy and fusion completed in December of 2013. From the handwritten clinical report on 04/21/14, the injured worker reported continuing headaches. The injured worker's physical examination appeared to show reduced range of motion and spasms in the cervical region. It appears that medications were continued but due to poor handwriting, no specifics could be discerned. There was a report from 05/29/14 which indicated medications included Naproxen, Orphenadrine, Ondansetron, Omeprazole, and Terocin patches. The requested Ondansetron 8mg, quantity 30, Orphenadrine ER 100mg, quantity 120, Tramadol ER 150mg, quantity 90, and Terocin patches, quantity 30 were all denied by utilization review on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg, QTY: 30: 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), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 05/15/2014.

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, Anti-emetics.

Decision rationale: In review of the minimal documentation provided, there was no specific rationale for this medication. The 1 clinical note from 04/21/14 was handwritten and did not provide any specific indications for this medication. Given the paucity of clinical information for this injured worker to support this medication, this request is not medically necessary and appropriate.

Orphenadrine Citrate ER 100 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In review of the minimal documentation provided, there was no specific rationale for this medication. The 1 clinical note from 04/21/14 was handwritten and did not provide any specific indications for this medication. Given the paucity of clinical information for this injured worker to support this medication, this request is not medically necessary and appropriate.

Tramadol ER 150 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criterial for Use Page(s): 88-89.

Decision rationale: In review of the minimal documentation provided, there was no specific rationale for this medication. The 1 clinical note from 04/21/14 was handwritten and did not provide any specific indications for this medication. Given the paucity of clinical information for this injured worker to support this medication, this request is not medically necessary and appropriate.

Terocin patches, QTY: 30: 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): 111-113.

Decision rationale: In review of the minimal documentation provided, there was no specific rationale for this medication. The 1 clinical note from 04/21/14 was handwritten and did not provide any specific indications for this medication. Given the paucity of clinical information for this injured worker to support this medication, this request is not medically necessary and appropriate.