

<b>Case Number:</b>	CM14-0107760		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/31/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 72-year-old male who reported an injury on 11/19/2002, the mechanism of injury is not provided. On 05/21/2014 the injured worker presented with tightness in the back of the knee. Upon examination there was no weakness or swelling of the knee and there was no medial tenderness. There was no loss of sensation in the left lower extremity. The diagnoses were healing left knee. Prior therapy included a TENS unit therapy, hot/cold packs, manual therapy, and medications. The provider recommended ondansetron, orphenadrine, tramadol and Terocin patches. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #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) TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic.

**Decision rationale:** The request for Ondansetron 8mg #30 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting

secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioids adverse effects include nausea and vomiting are limited to short term duration are limited to short term duration and have limited application to long term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established; therefore, request is not medically necessary.

**Orphenadrine ER 100mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

**Decision rationale:** The request for Orphenadrine ER 100mg #120 is not medically necessary. The California MTUS Guidelines recommended nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations they show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider does not indicate the frequency of the medication in the request as submitted. Additionally, the efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established; therefore, request is not medically necessary.

**Tramadol ER 150mg #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 Page(s): 78.

**Decision rationale:** The request for Tramadol ER 150mg #90 is not medically necessary. The California MTUS Guidelines recommended the use of opioids of ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established; therefore, request is not medically necessary.

**Terocin Patch #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.

**Decision rationale:** The request for Terocin Patch #30 is not medically necessary. Terocin is comprised of methyl salicylate, capsaicin, menthol, and lidocaine. The California MTUS state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains one drug that is not recommended is not recommended. The guidelines state capsaicin is recommended for use for injured workers who are unresponsive or are intolerant to other treatments. The guidelines state that Lidoderm is the only topical form of lidocaine approved. The included medical documents do not indicate that the injured worker has not responded to or are intolerant of other treatments. The guidelines do not recommend topical lidocaine in any other formulation than Lidoderm. Included medical documents lacked evidence of failed trial of antidepressants or anticonvulsants. The request does not include the frequency, dosage that the Terocin was intended for in the request as submitted. As such, medical necessity has not been established; therefore, request is not medically necessary.