MAXIMUS Federal Services

Case Number:	CM14-0107795		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2005
Decision Date:	12/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Rehabilitation 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 47-year-old female who reported an injury on 09/16/2005 due to an unspecified cause of injury. The injured worker complained of increased symptomology of the lumbar spine including cervical spine with chronic headaches, tension between the shoulder blades, and migraines, as well as pain to the bilateral knees. The diagnoses included cervical discopathy with radiculitis, right wrist sprain/strain, lumbar discopathy with radiculitis of facet arthropathy, right knee medial meniscus tear with Baker's cyst and chondromalacia patella, and right foot/ankle strain. Diagnostics included x-rays; however, they were not provided. Past treatments included physical therapy, injections, and a home exercise program. The physical examination, dated 03/13/2014, of the cervical spine revealed tenderness to the cervical paravertebral muscles and upper trapezial muscle with spasms. Axial loading compression test and Spurling's maneuver were positive. The right wrist examination remained unchanged with a positive Tinel's and Phalen's sign The patient was also noted with flexion The examination of the lumbar spine revealed tenderness to the paravertebral muscles, pain with terminal motion with limited range of motion. Seated nerve root test was positive. Examination of the right knee revealed tenderness to the joint line with a positive McMurray's sign and positive patellar compression test. Pain noted at terminal flexion. Examination of the right foot and ankle remained unchanged with tenderness around the anterior talofibular ligament. Residual pain with supination and eversion. Anterior drawer test was negative with no signs of instability. Treatment plan included continue home exercise program, physical therapy, [redacted] king size bed, Ondansetron, Tramadol, and Terocin patches. Request for Authorization dated 08/01/2014 was submitted with documentation. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg tablets, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Use of Anti-Emetics (for Opioid Nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Antiemetics

Decision rationale: The request for Ondansetron ODT 8mg tablets, #60 is not medically necessary. The Official Disability Guidelines do not recommend Zofran 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 including nausea and vomiting are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. The clinical documentation was not evident that the injured worker had a history of nausea or vomiting requiring the use of Zofran. Additionally, Zofran is recommended for a limited and short term duration. The request did not indicate the frequency. As such, the request is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use For Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol Hydrochloride ER 150mg, #90 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation did not address the 4 A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, or aberrant drug taking behavior. The efficacy was not provided of the Tramadol. The request did not indicate a frequency. As such, the request is not medically necessary.

Terocin patches #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: The request for Terocin patches #30 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Lidocaine indication: Neuropathic pain 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines indicate that any compounded product that contains at least one drug is not recommended is not recommended. The Lidocaine is indicated for peripheral pain, neuropathic pain, and diabetic neuropathy. The guidelines do not indicate that the injured worker had a diagnosis of neuropathic pain or diabetic neuropathy. Additionally, the request did not indicate the frequency and the dosage. As such, the request is not medically necessary.