

Case Number:	CM14-0016254		
Date Assigned:	04/11/2014	Date of Injury:	02/06/2011
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and 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 33-year-old male who reported injury on 02/06/2011. The clinical documentation submitted for review failed to indicate the mechanism of injury. The injured worker's medication history included tramadol, omeprazole, cyclobenzaprine, and naproxen sodium as of 09/2013. Terocin, was utilized as of 11/2013. The documentation of 01/29/2014 was a DWC form RFA requesting medications. The diagnosis was lumbar disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR ONDANSETRON ODT TABLETS 8MG #30 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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: Official Disability Guidelines indicate that ondansetron is not appropriate for the treatment of nausea and vomiting secondary to opioid therapy. The clinical documentation submitted for review failed to provide the duration of use for the requested medication. The request as submitted failed to indicate the frequency and rationale for the

requested medication. The clinical documentation submitted for review failed to indicate a necessity for 2 refills. Given the above, the request for a prescription of ondansetron ODT tablets 8 mg #30 x2 is not medically necessary.

PRESCRIPTION FOR OMEPRASOLE DELAYED RELEASE CAP 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk, page 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 09/2013. There was a lack of documentation indicating the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of omeprazole delayed release cap 20 mg #120 is not medically necessary.

PRESCRIPTION FOR TEROGIN PATCH #30: 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 Salicylate; Topical Analgesics; Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: California 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: Lidocaine and Lidoderm. 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 indicated the injured worker had been utilizing the medication for more than 3 months. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the strength as well as the frequency for the requested medication. Given the above and the lack of documented efficacy, the request for a prescription of Terocin patch #30 is not medically necessary.