

<b>Case Number:</b>	CM14-0016397		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

The patient is a 50 year old male who was injured on 10/01/2013 while he was a motorcycle police officer driving on the freeway and got hit by a vehicle changing into his lane. He got knocked off the motorcycle and slid 30-40 feet on the freeway injuring his neck and back. The request for authorization dated 01/03/2014 states: "After performing my examination of the patient, I have determined that following pharmacological agents are necessary for the symptomatic relief of his persistent pain from industrial injuries sustained. The following medications are as follows: Naproxen Sodium 550 mg, Cyclobenzaprine 7.5 mg, Sumatriptan Succinate 25 mg, Ondansetron ODT 8 mg, Omeprazole 20 mg, Tramadol ER 150 mg and Terocin patch. PR-2 dated 01/20/2014 documented the patient with complaints of pain in the left knee. Occasionally his leg is giving way. Objective findings on examination of the cervical spine, reveals tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. Neurovascular remains intact. Examination of the left knee reveals tenderness at the left knee joint line. There is positive patellar compression test as well as positive McMurray's sign. There is pain with terminal flexion and mild laxity. The diagnoses are status post C4 to C7 cervical hybrid reconstruction and left knee anterior cruciate ligament tear and lateral meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 TEROGIN PATCHES:** 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:** According to the references, Terocin patches contain Lidocaine and Menthol. The California MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied Lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is medically necessary for this patient.

**60 ONDANSETRON ODT 8MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

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

**Decision rationale:** According to ODG - Antiemetics (for opioid nausea) - Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. Ondansetron (Zofran®): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. According to the medical records, the patient was prescribed Ondansetron (Zofran). The patient had also been prescribed an opioid, Tramadol ER. However, this medication is not recommended for nausea and vomiting secondary to chronic opioid use. This Final Determination Letter for IMR Case Number CM14-0016397 4 medication has limited application for short-term use. According to the guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and in acute use for gastroenteritis. The records do not reflect the patient had undergone treatment for cancer or surgery. In addition, the records do not document any history of diagnosed gastroenteritis. The medication prescription is not consistent with FDA approved use. The medical records do not establish this medication medically necessary for the treatment of this patient. In accordance with the guidelines, the medical necessity of Ondansetron has not been established.

