

Case Number:	CM14-0017765		
Date Assigned:	04/16/2014	Date of Injury:	04/18/2013
Decision Date:	06/03/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 54 year old male who reported an injury on 04/18/2013 secondary to unknown mechanism of injury. The diagnoses are cervical discopathy, bilateral carpal tunnel syndrome/double crush syndrome, rule out internal derangement of bilateral knees and shoulders and bilateral planter fasciitis. The injured worker was evaluated on 01/16/2014 for reports of persistent bilateral neck, shoulder, upper extremity and lower extremity pain. The exam noted cervical tenderness and spasm with positive Spurling's and dysesthesia to the C5-C7 dermatomes. Shoulder tenderness and positive impingement and Hawkin's sign was also noted on the exam. The wrist exam noted positive Tinel's and Phalan's and dysesthesia to the radial digits. The knee exam noted tenderness to the jointline with positive McMurray's sign and patellar compression test. The treatment plan indicates cervical spine surgery and medications. There is no evidence of the request for authorization or rationale in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 8 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food FDA (Ondansetron) - on line web.

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.

Decision rationale: The request for Ondansetron 8 mg #60 is not medically necessary. California MTUS and ACOEM guidelines do not specifically address the request for ondansetron. Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is indicated for the prevention of nausea with chemotherapy and after surgery. The use of Ondansetron prophylactically due to other medication use is not indicated. There is no evidence in the documentation provided of current or history of chemotherapy or surgery to indicate a need for ondansetron. Based on the documentation provided, the request is not medically necessary.

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: The request for Terocin patch #10 is non-certified. Terocin is a topical anesthetic cream comprised of lidocaine and menthyl. The Chronic Pain Medical Treatment Guidelines for topical analgesics state the topical use of lidocaine in a dermal patch is the only commercially approved topical formulation of lidocaine. Therefore, Terocin is not recommended per the guidelines. Therefore, the request is not medically necessary.