

Case Number:	CM14-0111550		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2008
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 59 year old female who sustained an injury on 05/01/08. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of low back pain aggravated by range of motion or walking. The injured worker was also followed for complaints of bilateral knee pain and was pending a carpal tunnel release. The injured worker is noted to have had an extensive amount of surgical procedures for the lumbar spine. There was a recent hardware removal with exploration of the injured worker's previous fusion from L3 through S1 performed on 03/21/14. As of 06/03/14, the injured worker reported complaints of constant bilateral wrist pain as well as pain in the bilateral knees. On physical exam, there was noted tenderness to palpation in the joint lines of the knee with positive McMurray's sign. There is also tenderness over the volar aspect of the wrists with positive compression signs as well as Tinel's sign. No evidence of instability was identified. The injured worker was referred for physical therapy for 12 sessions. The requested medications to include Ondansetron 8mg quantity 60, Orphenadrine ER 100mg quantity 120, Tramadol ER 150mg quantity 90, and Terocin patches quantity 30 were all denied by the utilization review on 06/23/14.

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 Mosby's Drug Consult, Zofran/Ondansetron.

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, Anti-emetic.

Decision rationale: In regards to the request for Ondansetron 8mg quantity 60, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review did not specifically discuss any medication use as of 06/03/14. This report did recommend an ongoing physical therapy for the injured worker but did not specifically discuss this medication or its rationale for the use of the injured worker. Therefore, the requested Ondansetron 8 mg, #60 is not medically necessary and appropriate.

Orphenadrine citrate ER 100 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasticity Drugs; Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain procedure summary last updated 05/15/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Orphenadrine ER 100mg quantity 120, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review did not specifically discuss any medication use as of 06/03/14. This report did recommend an ongoing physical therapy for the injured worker but did not specifically discuss this medication or its rationale for the use of the injured worker. As such, the requested Orphenadrine citrate ER 100 mg, #120 is not medically necessary and appropriate.

Tramadol HCL ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol ER 150mg quantity 90, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review did not specifically discuss any medication use as of 06/03/14. This report did recommend an ongoing physical therapy for the injured worker but did not specifically discuss this medication or its rationale for the use of the injured worker. Therefore, the request of Tramadol HCL ER 150 mg, #90 is not medically necessary and appropriate.

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): 111-113.

Decision rationale: In regards to the request for Terocin Patch quantity 30, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review did not specifically discuss any medication use as of 06/03/14. This report did recommend an ongoing physical therapy for the injured worker but did not specifically discuss this medication or its rationale for the use of the injured worker. Therefore, the request of Terocin Patch, #30 is not medically necessary and appropriate.