MAXIMUS Federal Services

Case Number:	CM14-0113093		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2011
Decision Date:	10/01/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Nevada. 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 records presented for review indicate that this 46 year-old gentleman was reportedly injured on January 20, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of bilateral hand, wrist pain and numbness as well as migraine headaches. Cervical spine pain is stated to be doing great. The physical examination demonstrated a positive Tinel's test on the left greater than right wrist as well as a positive Phalen's test. There was numbness at the median nerve distribution as well as weakness. Diagnostic imaging studies were not available. Previous treatment is unknown. A request had been made for ondansetron, tramadol ER, Terocin patches, and orphenadrine citrate and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(30X2) ONDANSETRON ODT 8 MG QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - updated September 10, 2014.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fails to document an indication for why this medication was given. As such, this request for Ondansetron ODT 8 Mg is not medically necessary.

ORPHENADRINE CITRATE ER 100 MG QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 of 127..

Decision rationale: Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has been abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request for orphenadrine Citrate ER 100 mg is not medically necessary.

TRAMADOL HYDROCHLORIDE ER ER 150 MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127..

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol Hydrochloride ER 150 Mg is not medically necessary.

TEROCIN PATCHES - QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Terocin patches are a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin Patches is not medically necessary.