

Case Number:	CM14-0115040		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2011
Decision Date:	09/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 58-year-old male who reported an injury on 03/10/2011 caused by unspecified mechanism. The injured worker's treatment history included medications. The injured worker was evaluated on 05/08/2014 and it was documented that the injured worker complained of bilateral upper extremity numbness and hand pain. There was associated weakness. The injured worker also failed a prior lumbar epidural. The injured worker reported headaches. Physical examination revealed positive Tinel's and Phalen's at bilateral wrists. There was numbness in the median nerve distribution bilaterally. The treatment plan recommended carpal tunnel release (CTR). The injured worker was recommended to start physical therapy and continue medications. Diagnoses included wrist pain, cervicalgia, and lumbago. The Request for Authorization was not submitted for this review. The provider indicated medical rationale for medications that were prescribed was for ondansetron was prescribed for nausea from the use of other medications, Terocin was prescribed to relieve acute pain, and tramadol extended release was prescribed for acute severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: The request for Ondansetron ODT 8 mg #30 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. 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. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Zofran ODT. The request submitted failed to indicate frequency and duration of medication. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. Given the above, the request for Ondansetron ODT 8 mg #30 is not medically necessary.

Sumatriptan Succinate 25mg #9x2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

Decision rationale: The requested Sumatriptan Succinate 25 mg #9 (times 2) is not medically necessary. According to the Official Disability Guidelines (ODG) Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class Rizatriptan (Maxalt) has demonstrated, in a head-to-head study, higher response rates, and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of Rizatriptan. The documents submitted indicated the injured worker having headaches however, the provider failed to indicate how long the injured worker has been suffering from the headaches. In addition, the request failed to indicate frequency and duration of medication. Given the above, the request for Sumatriptan Succinate 25 mg #9 (times 2) is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use) Page(s): 78.

Decision rationale: The request for Tramadol ER 150 mg # 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Tramadol ER is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request for Tramadol ER 150 mg # 90 is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested Terocin Patch #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency, dosage, or location where the patches will be applied. As such, the request for Terocin Patch # 30 is not medically necessary.