

Case Number:	CM14-0119679		
Date Assigned:	08/06/2014	Date of Injury:	04/07/2004
Decision Date:	09/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 Pain 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 injured worker is a 64-year-old male with a reported date of injury of 04/07/2004. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical/lumbar discopathy, right shoulder internal derangement, carpal tunnel/double crush syndrome, right knee degenerative joint disease with degenerative tear of the lateral meniscus, and degenerative joint disease and medial meniscus tear to the left knee. His previous treatments were noted to include medications and physical therapy. Progress note dated 05/02/2014 revealed the injured worker complained of constant back pain that radiated to the left elbow. The examination revealed tenderness at the lumbar spine with spasms and a positive straight leg raise, positive Tinel's at the left elbow. There is a sensory examination at the ulna which revealed left fourth and fifth digit triggering and atrophy to the left with shoulder weakness. The request for authorization form dated 06/16/2014 was for Ondansetron 8 mg ODT #30 as needed for upset stomach/cramping/nausea, Terocin patch, quantity 30, as a topical analgesic for the treatment of mild to moderate acute or chronic aches and pains and Orphenadrine Citrate ER 100 mg #120 one, every 8 hours as needed for pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Ongoing Management, page 78.

Decision rationale: The injured worker complained of constant back pain that radiated to the left elbow. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids and the side effects tend to diminish over days to weeks of continued exposure. The studies of opioid adverse effects including nausea and vomiting are limited to short term duration (less than 4 weeks), and have limited application to long term use. The guidelines state that Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, as well as postoperative use. The acute use is FDA approved for gastroenteritis. There is a lack of documentation regarding stomach upset or nausea/vomiting to warrant Ondansetron. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request 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; Lidocaine; Salicylate topicals Page(s): 111; 112; 105.

Decision rationale: The injured worker complains of back pain that radiates into his left elbow. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of any of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend the only formulation of topical lidocaine is a Lidoderm patch, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request 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. Decision based on Non-MTUS Citation ODG, Muscle relaxants.

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

Decision rationale: The injured worker complains of constant back pain that radiates into the left elbow. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided indicated the injured worker had muscle spasms but the efficacy of this medication was not submitted within the medical records. The request for Orphenadrine citrate ER 100 mg #120 is not medically necessary and appropriate.