MAXIMUS Federal Services

Case Number:	CM14-0021886		
Date Assigned:	05/09/2014	Date of Injury:	08/12/2012
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports 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 57 year old male who sustained an injury on 08/12/12. No specific mechanism of injury was noted. The injured worker has previously had a lumbar fusion completed with the subsequent development of symptomatic spinal hardware. The injured worker was recommended for further surgical intervention to address the symptomatic lumbar hardware. The injured worker underwent L4 through S1 hardware removal, exploration of the previous fusion, as well as nerve root exploration, lysis of adhesions, and regrafting of the pedicle screw holes from L4 through S1 on 03/07/14. Postoperatively, the injured worker was noted to have a substantial amount of low back pain rating 8/10 on the VAS. The injured worker was utilizing 18.1mg of PCA Dilaudid in 24 hours. An oral opioid regimen was discussed with the injured worker that included Oxycontin. The injured worker was also started on Neurontin 100mg twice daily. Physical examination findings as of 03/09/14 were limited. The injured worker was recommended to continue with the PCA Dilaudid until Oxycontin could be started 10mg, 1 tablet every 8 hours. As of 03/10/14, the injured worker's pain score was reduced to 2/10 on the VAS. The injured worker was utilizing Oxycontin 10mg with 4 doses in the last 24 hours. The injured worker did report being more comfortable with the use of Neurontin. The requested Ondansetron 8mg, quantity 60, and Terocin patch, quantity 10 were denied by utilization review on 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MG #60: 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 Chapter, Antiemetics.

Decision rationale: In regards to the requested Ondansetron 8mg, quantity 60, the clinical records did not provide any clear evidence of indications for this medication per Official Disability Guidelines. Ondansetron is recommended to address nausea and vomiting subsequent to cancer treatment such as chemotherapy or radiative therapy. Other indications include the use of Ondansetron for postoperative nausea. None of these conditions were present in the clinical reports. The clinical reports provided for review are limited to the most recent surgical procedures and associated inpatient care. Without clear indications for the use of Ondansetron in this case, this reviewer would not have recommended the request.

TEROCIN PATCH #10: Upheld

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

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 patches, quantity 10, this reviewer would not have recommended this topical analgesic as medically necessary based on Chronic Pain Medical Treatment Guidelines. Terocin is largely considered experimental and investigational in the treatment of chronic pain. Although considered an option in the treatment of medically refractory neuropathic pain that has failed oral medications, the clinical documentation submitted for review did not identify any specific ongoing neuropathic symptoms that would reasonably require the use of this topical analgesic. There was also no documentation regarding failure of 1st line medications to address neuropathic pain such as anticonvulsants or antidepressants. Given the limited clinical indications for the use of this topical analgesic, this reviewer would not have recommended the request.