

Case Number:	CM14-0032470		
Date Assigned:	06/20/2014	Date of Injury:	08/20/2008
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 injured worker is a 58-year-old male was reportedly injured on August 20, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 7, 2013, indicated that there were ongoing complaints of lumbar spine pain and left hip pain as well as migraine headaches. The physical examination stated that there appeared to be weakness associated with the L4 and L5 nerve roots. There was tenderness at the lateral aspect of the left hip. Diagnostic imaging studies objectified generalized spondylosis of the lumbar spine. Lumbar spine surgery was discussed and Flexeril, sumatriptan, ondansetron, omeprazole, Medrox, and levofloxacin were prescribed. A request had been made for terocin patches and ondansetron and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Terocin Patch: 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.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics including anti-inflammatory medications, capsaicin and lidocaine are recommended for usage. Terocin patches also contain methyl salicylate and menthol, in addition to capsaicin and lidocaine. There has been shown to be no efficacy of these additional ingredients. For this reason, this request for Terocin patches is not medically necessary.

60 Ondansetron 8mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>.

Decision rationale: Ondansetron is an antiemetic indicated for nondominant secondary to chemotherapy, radiation and postoperative symptoms. It is not indicated for symptoms secondary to medication usage. Additionally, there is no report in the attached medical record that the injured employee has any gastrointestinal issues. For these reasons, this request for ondansetron is not medically necessary.