

Case Number:	CM14-0033239		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2010
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 57-year-old male was reportedly injured on September 17, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 13, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, decreased lumbar spine range of motion, and no specific neurological findings were reported. Diagnostic imaging studies objectified a well healed lumbar fusion mass with bony consolidation. Previous treatment included lumbar fusion surgery. A request was made for multiple medications and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondanstron ODT 8mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) formulary chapter, updated July, 2014.

Decision rationale: This is a medication approved for nausea and vomiting secondary to chemotherapy or radiation treatment. There was no evidence of an acute gastroenteritis, postoperative nausea/vomiting or any complaints of nausea/vomiting associated in the most recent progress notes reviewed. Therefore, there is no medical necessity for this medication.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

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

Decision rationale: This is a opioid analgesic indicated for a 2nd line treatment for low back pain. It was noted that this individual underwent a lumbar fusion surgery and carries a diagnosis of retained painful hardware. However, there was no narrative presented indicating any success in ameliorating the symptomatology, decreasing the pain complaints, increasing functionality or allow for return to work. In short, there was no indication that this medication has any efficacy whatsoever. There is no medical necessity established for this preparation.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines. Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This is a topical preparation that includes methyl salicylate, capsaicin, menthol and lidocaine. It was noted that a lumbar fusion surgery has been successfully completed. There was no objectification of a nerve root compromise or neuropathic pain generator. Therefore, the medication terocin is not supported. As outlined in the MTUS, when an individual component of a compound preparation is not indicated, the entire preparation is not medically necessary.