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| Case Number: | CM14-0033358 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 12/20/2010 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 02/27/2014 |
| 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 Internal Medicine and is licensed to practice in New York. 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 claimant sustained an industrial injury on 12/20/2010. The mechanism of injury was not provided for review. His diagnoses include cervical discopathy, lumbar discopathy, left shoulder internal derangement, and headaches. He continues to complain of neck pain, low back pain, and headaches. On exam there is decreased range of cervical and lumbar motion. Treatment has included medical therapy. The treating provider has requested Ondansetron ODT 8mg #60, and Terocin Patch #30.

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 cite any medical evidence for its decision.

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: Medscape Internal Medicine 2013: Indications for Ondansetron.

Decision rationale: Per the reviewed reference, Ondansetron is indicated for the treatment of chemotherapy induced nausea and vomiting, hyperemesis gravidus, prevention of nausea and vomiting associated with radiation therapy, for control of nausea and vomiting associated with

gastroenteritis, and for control of post-operative nausea and vomiting. There is no documentation that the patient has tried any other first line medications for nausea. Medical necessity for the requested item has not been established. The Ondansetron ODT 8 mg, #60 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)- Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The Terocin patch #30 is not medically necessary.