MAXIMUS Federal Services

Case Number:	CM14-0033401		
Date Assigned:	08/25/2014	Date of Injury:	06/28/2005
Decision Date:	12/24/2014	UR Denial Date:	03/06/2014
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 Occupational 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:

This is a 50 year old a gentleman who sustained a work related injury on 6/28/2005. On February 21, 2014 a request for authorization was made for Naproxen Sodium 550mg #100, Omeprazole 20mg #120, Terocin patch #30, Tramadol hydrochloride ER 150mg #90, Ondansetron ODT tablets 8mg #60, and Cyclobenzaprine hydrochloride tablets 7.5mg #120. There are no medical records with corresponding dates of service for this request. Per the Primary Treating Physician's Progress Report and Re-evaluation dated 04/28/2014 the injured worker was status-post a successful L4-5 fusion and was battling chronic symptoms of retained symptomatic lumbar spine hardware. Physical examination of the lumbar spine revealed pain on the left side of his lumbosacral spine near the L5 screw. There is significant reproducible pain not only to deep but also superficial palpation. There is some dyesthesia in the L5-S1 dermatome. A marcaine and lidocaine injecytion block was administered on the lumbar spine on the left side with significant relief of his symptoms. Diagnoses included retained symptomatic lumbar spine hardware and Status-post L4-L5 posterior lumbar interbody fusion. The plan of care included a surgical request for removal of hardware. Work Status was temporararily totally disabled. On 3/06/2014Utilization Review non-certified a prescription for Terocin patch #30, Tramadol hydrochloride ER 150mg #90, Ondansetron ODT tablets 8mg #60, and Cyclobenzaprine hydrochloride tablets 7.5mg #120 on the basis of lack of functional improvement and lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited. The medications appear to be office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: California MTUS Guidelines are not supportive of the chronic daily use of Cyclobenzaprine. There are no unusual circumstances to justify an exception to Guideline recommendations, the Cyclobanzaprine Hydrocloride 7.5mg #120 is not medically necessary.

Ondansetron ODT tablets 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: http://www.drugs.com/ondansetron.html

Decision rationale: Ondansetron is not specfically mentioned in MTUS Guideines, however its approved use is for severe post-operative nausea or for nausea associated with chemotherapy/radiation therapy. This patient does not meet the FDA approved criteria for its use and there are no unusual medical circumstances to justify a deviance from the FDA recommendations. The Ondansetron 8mg #60 is not medically necessary.

Tramadol hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: California MTUS Guidelines has very specific standards for the responsible use and prescribing of opioid medications on a chronic basis. The standards call for clear objective documentation of use patterns, specific levels of pain relief and specific benefits of function, and the lack of aberrant behaviors for an individual patient. These standards have not been met. Under these circumstances, the ongoing use of Tramadol is not supported by Guidelines. The Tramadol ER #150mg. #90 is not medically necessary.

Terocin patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. California MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin patch is not medically necessary.