

Case Number:	CM14-0033844		
Date Assigned:	06/30/2014	Date of Injury:	03/16/2009
Decision Date:	07/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 51-year-old patient who sustained a work-related injury on March 16, 2009. Subsequently he developed knee pain. The patient underwent right knee arthroscopy with meniscectomy, chondroplasty, and degenerative joint disease. The patient was diagnosed with cervical discopathy/radiculitis; bilateral carpal tunnel/double crush; cubital tunnel syndrome; lumbar discopathy; and right knee pain. A progress report dated November 12, 2013 indicates that the symptomatology in the patient's cervical spine, bilateral upper extremities, and lumbar spine has not changed significantly. The patient physical examination showed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is pain with terminal motion with limited range of motion. There is tenderness in the first dorsal compartment of bilateral upper extremities. There is lateral and medial epicondyle tenderness. There is pain with terminal flexion and tenderness from the mid to distal lumbar segments of the lumbar spine. There is pain with terminal motion. There is tenderness at the right knee joint line. There is positive patellar compression test. There is pain with terminal flexion with crepitus in the right knee. The patient underwent the second intra-articular injection of Synvisc to the right knee. The provider requested authorization for Ondansetron ODT, Tramadol HCL ER, Terocin patch, Gabapentin /Capsaicin Patch, and Gab/Lid/Aloe/Cap/Men/Cam patch. The duration of previous use of Tramadol and its effect were not clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg, eighty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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: Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no recent documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8 mg, eighty count, is not medically necessary or appropriate.

Tramadol HCL ER 150 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications.

Therefore, the request for Tramadol HCL ER 150 mg, ninety count, is not medically necessary or appropriate.

Terocin patch, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by the Chronic Pain Medical Treatment Guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The request for Terocin patch, thirty count, is not medically necessary or appropriate.

Gabapentin /Capsaicin Patch 10%/0.025%, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that compounded gabapentin/ capsaicin is recommended as topical analgesics for chronic back pain. Compounded gabapentin/capsaicin, a topical analgesic is not recommended by the Chronic Pain Medical Treatment Guidelines. The request for Gabapentin /Capsaicin Patch 10%/0.025%, thirty count, is not medically necessary or appropriate.

Gab/Lid/Aloe/Cap/Men/Cam patch, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that compounded gabapentin/ Lid/Aloe/Cap/Men/Cam is recommended as topical analgesics for chronic back pain. Compounded gabapentin/ Lid/Aloe/Cap/Men/Cam, a topical analgesic is not recommended by the Chronic Pain Medical Treatment Guidelines. The request for Gab/Lid/Aloe/Cap/Men/Cam patch, thirty count, is not medically necessary or appropriate.