

Case Number:	CM14-0034254		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2012
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopedic Surgery 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:

The injured worker is a 45-year-old male who was reportedly injured on July 5, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 14, 2014, indicated that the injured employee had been determined to be in a permanent and stationary status and had ongoing complaints of pain and was able to work full duty without limitations. The physical examination demonstrated tenderness to palpation, pain with terminal motion and equivocal seated nerve root test. Diagnostic imaging studies were referenced but not presented for review. Previous treatment included surgical care, physical therapy, and treatment for a similar injury previous to this date of injury. A request had been made for medications and was not medically necessary in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ondansetron 8 mg, #60 (#30x2) (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Herr K, Bjoro K, Steffensmeier J, Rakel B. Acute pain management in older adults. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and dissemination Core; 2006 Jul.

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: The records reflect that the injured employee was being prescribed cyclobenzaprine and Naprosyn, in addition to the requested medication. There was no clinical indication or complaint offered of nausea/vomiting or need for this medication. In as much as the California Medical Treatment Utilization Schedule does not address, reference is made to the Official Disability Guidelines, which noted that this is indicated for nausea and vomiting secondary to chemotherapy or other acute gastroenteritis. As such, without any complaints of nausea or vomiting, there is no clinical indication for the use of this medication is not determined treatment be necessary.

1 prescription for Terocin patches, #30 ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: This topical patch includes methyl salicylate, capsaicin, menthol and lidocaine. It is noted that the California Medical Treatment Utilization Schedule feels that this is "largely experimental," and that if any single component is not clinically indicated, the entire preparation is not clinically indicated. There was no indication of a neuropathic pain lesion. Therefore, lidocaine is not clinically indicated. As such, this is not medically necessary.