

Case Number:	CM14-0036413		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2013
Decision Date:	10/02/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of November 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical agents. In a Utilization Review Report dated March 18, 2014, the claims administrator approved a request for Naprosyn, denied a request for Flexeril, denied a request for Zofran, approved a request for omeprazole, approved a request for tramadol, and denied a request for Terocin. The applicant's attorney subsequently appealed. In a February 17, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Lipitor, Glipizide, Aspirin, Motrin, Metformin, and Diovan, it was stated. Work restrictions and lumbar MRI imaging were endorsed. In a February 5, 2014 progress note, the applicant reported persistent complaints of low back pain, 2/10. It was suggested that the applicant continue physical therapy and consider a trial of regular duty work in three weeks' time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenziprine Hydrochloride 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 Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the information on file does point to the applicant's using a variety of other agents, including aspirin, ibuprofen, Naprosyn, Tramadol, etc. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Ondansetron ODT 8mg #60: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence on file to support the conclusion that the applicant has had any recent cancer chemotherapy, radiation therapy, and/or surgery. The attending provider did not furnish any progress note, applicant-specific information, or medical evidence to support seeming usage of Ondansetron for non-FDA labeled purposes. Therefore, the request is not medically necessary.

Terocin Patches #10: 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 topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents such as Terocin are "largely experimental." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Aspirin, Tramadol, etc., effectively obviates the need for the largely experimental Terocin compound. Therefore, the request is not medically necessary.