

Case Number:	CM14-0038041		
Date Assigned:	06/25/2014	Date of Injury:	08/20/2013
Decision Date:	09/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 44 year old male with a reported date of injury on 08/20/2013. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar discopathy. The injured worker's past treatments included medication. The injured worker's diagnostic studies included an electro-diagnostic study (EMG/NCV) on 12/04/2013 and an MRI of the lumbar spine on 12/05/2013. No surgical history was provided. On 10/28/2013, the injured worker was evaluated for low back pain with radiation, numbness and tingling to the left lower extremity. The clinician observed and reported tenderness to palpation of the lumbar spine, pain with terminal motion, a positive seated nerve root test, and dysesthesia of the L5 and S1 dermatomes. The injured worker was evaluated on 01/10/2014 where he complained of persistent low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. The clinician observed and reported tenderness to palpation of the lumbar spine, pain with terminal motion, a positive seated nerve root test, and dysesthesia of the L5 and S1 dermatomes. The injured worker's medications included Naproxen sodium 550mg, Cyclobenzaprine HCl 7.5 mg, Sumatriptan Succinate 25 mg, ondansetron ODT 8 mg, omeprazole DR 20 mg, Tramadol HCl ER 150 mg, and Terocin Patch. The provider planned that the injured worker would continue physical therapy, medication therapy, return for recheck on four weeks and evaluate for epidural steroid injections of needed. The requests were for cyclobenzaprine HCL 7.5mg #120, Terocin Patches #30, and Ondansetron ODT 8mg #30x2. No rationale was provided for these requests. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 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 Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine HCL 7.5 mg #120 is not medically necessary. The injured worker complained of low back pain with radiation, numbness and tingling to the left lower extremity. The California MTUS Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. The effect of cyclobenzaprine is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The injured worker is over 12 months post injury and no documentation was provided indicating the injured worker has muscle spasms upon physical examination. The provided documentation did not indicate how long the injured worker has been taking the requested medication or when it was originally prescribed. In addition, no frequency of doing was provided on the request. Therefore, the request for Cyclobenzaprine HCL 7.5 mg #120 is not medically necessary.

Terocin Patches #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): 111-112.

Decision rationale: The request for Terocin Patches #30 is not medically necessary. The injured worker complained of persistent low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Terocin patches contain lidocaine 600mg and menthol 600mg. The California MTUS Chronic Pain Guidelines state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. No documentation of a diagnosis of neuropathic pain was provided. Terocin is a combination of lidocaine and menthol. Lidoderm is the only formulation of Lidocaine recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, no strength, application site, or frequency of use instructions were provided within the request. Therefore, the request for Terocin Patches #30 is not medically necessary.

Ondansetron ODT 8mg #30x2: 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 Official Disability Guidelines (ODG) Pain, Chronic, Antiemetics (for opioid nausea).

Decision rationale: The request for Ondansetron ODT 8mg #30x2 is not medically necessary. The injured worker was taking tramadol for pain according to provided documentation. The Official Disabilities Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute use is FDA-approved for gastroenteritis. The injured worker was taking tramadol which is an opioid agonist of the morphine-type and can cause nausea; however, ondansetron is not recommended for nausea and vomiting secondary to opioid use. The provided documentation did not indicate any complaints of nausea or vomiting. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request for ondansetron does not include the frequency of dosing. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the request for Ondansetron ODT 8mg #30x2 is not medically necessary.