

Case Number:	CM14-0042454		
Date Assigned:	06/30/2014	Date of Injury:	01/02/2013
Decision Date:	09/26/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/08/2014

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 58-year-old male, who reported an injury on 01/02/2013. The mechanism of injury was not provided for clinical review. The diagnoses included degenerative disc disease in the lumbar spine, cervical spine degenerative disc disease, bilateral carpal tunnel syndrome, impingement syndrome of the right shoulder, bilateral knee pain, probable chondromalacia, right Achilles tendinitis, bilateral foot metatarsalgia. Previous treatments included medication. Within the clinical note dated 02/18/2014, it was reported the injured worker complained of right inguinal abdominal hernia. Upon the physical examination, the provider noted the injured worker had a small right inguinal hernia. The request submitted is for cyclobenzaprine, ondansetron, tramadol, Terocin patch. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 02/21/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 64.

Decision rationale: The request for Cyclobenzaprine HCL 7.5mg #120 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment in patients with acute exacerbation of low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request is not medically necessary.

Ondansetron ODT 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zofran.

Decision rationale: The request for Ondansetron ODT 8mg #60 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical objective findings indicating the injured worker was treated for nausea and vomiting secondary to chronic opiate use. Therefore, the request is not medically necessary.

Tramadol HCL ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol HCL ER 150mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen in patient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication was then providing objective functional benefit and improvement. Additionally, the use of the urine drug screen was not submitted for clinical review. The injured worker has been utilizing the medication since at least 02/2014. Therefore, the request is not medically necessary.

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 111-112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particularly that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 02/2014, which exceeds the guidelines' recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.