

<b>Case Number:</b>	CM14-0047029		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine and Rehabilitation 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 66-year-old male who reported an injury on 01/11/2012. The mechanism of injury was not mentioned. Current diagnoses include status post open reduction, internal fixation of the left distal radius, compression fracture, status post T12 kyphoplasty in 03/2012, status post L3 to S1 posterior lumbar interbody fusion, retained symptomatic lumbar spine hardware, and clinical left carpal tunnel syndrome. The injured worker was evaluated on 05/19/2014 with complaints of increasing symptoms and spasms in the lumbar spine. Physical examination of the lumbar spine revealed pain and tenderness across the iliac crest into the lumbosacral spine, reproducible symptomatology over the top of the palpable hardware, and transient extension of symptomatology in the L4-5 and L5- S1 roots as well as dermatome. X-rays obtained in the office in 03/2012 revealed solid bone grafting and bone plugs incorporated with consolidation at L3 to S1. Treatment recommendations included a removal of hardware at L3 to S1 with inspection of fusion and possible re-grafting. An additional request for authorization was submitted on 03/17/2014 for cyclobenzaprine 7.5 mg, Zofran 8 mg, Omeprazole 20 mg, Tramadol ER 150 mg, and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Patient Return to XXXXXXXXXX Office for an Impairment Rating Report: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, "A referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan." As per the documentation submitted, the injured worker is pending authorization for an additional lumbar spine surgery. The medical necessity for the requested consultation has not been established. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement. Based on the clinical information received, the request is considered not medically necessary.

**Bone Stimulator for Lumbar Spine:** 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) Low Back Chapter, Bone Growth Stimulators.

**Decision rationale:** Official Disability Guidelines state, "either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery, for patients with risk factors for a failed fusion." As per the documentation submitted the injured worker is pending authorization for a removal of hardware with inspection of fusion. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request cannot be determined as medically appropriate. The request is considered not medically necessary.

**Ondansetron ODT Tabs 8mg, #30 x 2:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Ondansetron, Antiemetic.

**Decision rationale:** Official Disability Guidelines state, "Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use." Ondansetron has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. There was no documentation of any frequency listed in the current request. Therefore, the injured worker does not meet criteria for the requested medication. The request is considered not medically necessary.

**Terocin Patch, Qty: 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 Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There was no frequency or strength listed in the current request, nor was there any mention of failure to respond to first line oral medications prior to the initiation of a topical analgesic. Based on the clinical information received, the request is considered not medically necessary.