

<b>Case Number:</b>	CM14-0048395		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 50-year-old male who has submitted a claim for lumbago associated with an industrial injury date of September 18, 2013. Medical records from 2013 to 2014 were reviewed. Progress report dated May 2, 2014 showed that the patient currently feels pain relief in his back. He reports that previous symptoms of sharp pain due to running are minimal and tolerable. Physical examination revealed ability to perform about 75% of full range movement with no pain when initiating movement from hips versus lumbar spine. No mention of tenderness or spasms noted in the lumbar musculature in the most recent progress report. Treatment to date has included medications, physical therapy and home exercise program. Utilization review from March 31, 2014 denied the requests for Ondansetron ODT tablets 8mg #30x2 QTY 60, Tramadol Hydrochloride ER 150mg #90 and Terocin patch #10. Clinical rationale behind non-certification of previous review is not included in documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8mg #60:** 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 Chapter,

Antiemetics (for opioid nausea) and OndansetronX Other Medical Treatment Guideline or Medical Evidence: FDA, Ondansetron.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. ODG states that it is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, there is no evidence in the documentation submitted of any episodes of nausea or vomiting from previous medication regimen, radiation therapy or surgery. The patient complained of nausea associated with the headaches present with chronic cervical pain. However, there is no documentation that the patient failed other first line agents in the management of his nausea. The medical necessity has not been established. Therefore, the request for Ondansetron ODT 8mg #60 is not medically necessary.

**Tramadol HCL ER 150mg #90:** 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 Tramadol (Ultram) Page(s): 93, 94, 113.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been prescribed OTC medications as needed for pain since at least November 2013 (11 months to date). It was not specified in the documentation if Tramadol specifically was utilized. Since then, there was documented evidence of pain relief and functional improvement. Urinary drug screening was not documented. MTUS Guidelines require clear and concise documentation for ongoing management. Most recent progress report indicates that the patient is not complaining of moderate/severe pain. Medical necessity has not been established. Therefore, the request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary.

**Terocin patch #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 Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Topical salicylates.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, documentation does not specify previous use of Terocin before this request. Furthermore, there was no indication of a trial of antidepressants or AED and intolerance to oral analgesics. Finally, most recent progress report indicates that the patient is not complaining of moderate/severe pain. Medical necessity has not been established. Therefore, the request for Terocin patch #10 is not medically necessary.