

Case Number:	CM14-0053472		
Date Assigned:	07/07/2014	Date of Injury:	11/04/1991
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/18/2014

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 patient is a 64-year-old male who has submitted a claim for lumbar discopathy, chronic left S1 radiculopathy and right meralgia paresthetica, associated with an industrial injury date of November 4, 1991. Medical records from 2013 through 2014 were reviewed. The progress report, dated 02/12/2014, showed persistent pain of the low back radiating to the right lower extremity with numbness and tingling sensation. Physical examination revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. The patient underwent right hand surgery in 2010 due to carpal tunnel syndrome and left knee arthroscopic surgery on October 14, 2011. Treatment to date has included physical therapy and medications. Utilization review from 03/25/2014 denied the request for Terocin patches because they contain active agents that were not supported in this form, so the patches themselves cannot be supported. The request for Ondansetron 8mg was denied because current medical records did not contain any evidence of nausea, vomiting or gastritis whatsoever. There was no medical reason whatsoever to utilize Ondansetron in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches: Upheld

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

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. As stated in page 112 of the 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, the initial date of usage of Terocin patch was not specified, but the recent progress report, dated 03/19/2014, stated that the patches provided pain relief. However, medical review revealed no documented evidence of the patient's intolerance to oral analgesics or trial of first-line therapy that may warrant use of transdermal formulation. Moreover, the quantity to be prescribed was not specified. The request is incomplete. Therefore, the request for Terocin patches is not medically necessary.

Ondansetron 8 mg: 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 Other Medical Treatment Guideline or Medical Evidence: U.S. Food and Drug Administration, Drug Safety Information, Ondansetron.

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the U.S. Food and Drug Administration, Drug Safety Information was used instead. The FDA states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, there was no clear rationale why Ondansetron was prescribed. In addition, the recent clinical evaluation did not provide evidence for any subjective complaints of nausea. There is no discussion concerning the need for variance from the guidelines. Moreover, the prescribed quantity was not specified. The request is incomplete. Therefore, the request for Ondansetron 8mg is not medically necessary.