MAXIMUS Federal Services

Case Number:	CM14-0055176		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2008
Decision Date:	08/27/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/24/2014

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 48 year-old male with date of injury 06/07/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/10/2014, lists subjective complaints as pain in the low back with radicular symptoms. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with spasms and reduced range of motion due to pain. The patient's gait was within normal limits. Straight leg test was positive. Sensory examination revealed reduction of sensation on the left. Diagnoses include lumbar radiculopathy, low back pain, lumbar disc disease, and post laminectomy syndrome, lumbar region. There is evidence in the medical records provided for review that document that the patient has been taking Tramadol, Cyclobenzaprine, Ondansetron, and Terocin patch for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. As such, Tramadol is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 60.

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking this muscle relaxant for an extended period of time. As such, the request is not medically necessary.

Ondansetron 8mg: Upheld

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

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), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering from nausea or vomiting due to any of the approved indications for Ontansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. As such, Ondansetron is not medically necessary.

Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The active ingredients in Terocin patches are Menthol 4% and Lidocaine 4%, and it is classified as a topical analgesic. The MTUS Guidelines do not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. There is record that

the patient has been on Gabapentin; however, the medical record does not document any failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. As such, Terocin patches are not medically necessary.