

Case Number:	CM14-0055456		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2008
Decision Date:	08/11/2014	UR Denial Date:	03/24/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 39 year old man who sustained a work-related injury on October 1, 2008. Subsequently he developed chronic neck and back pain. According to the progress report dated on February 6, 2014, the patient has persistent pain of the neck that is aggravated by repetitive motions of the neck. He has low back pain that is aggravated by binding, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is dysesthesia at the C5 and C6 dermatomes. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. The patient was diagnosed with cervical discopathy and large herniated lumbar disc. The patient's medications included: NSAIDs, Vicodin, and/or Soma. The provider requested authorization for Terocin patch, Ondansetron, Cyclobenzaprine, and Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProvider>

s/ucm271924.htm?htm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1(accessed5/2/2012)Ondansetron (marketed as Zofran)Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012) "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although the MTUS Guidelines are silent regarding the use of Ondansetron, there is no documentation in the medical records provided for review regarding the occurrence of chemotherapy medication induced nausea and vomiting. The provider stated that Ondansetron is prescribed for nausea and vomiting induced by Cyclobenzaprine and other analgesics agents. Ondansetron is not approved for opioids induced nausea and vomiting. Therefore, the request for Ondansetron is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): , page(s) 41.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Cyclobenzaprine is recommended for pain for a short course. Its effects are greatest in the first 4 days. In this case Cyclobenzaprine was prescribed for more than a short term use. Cyclobenzaprine is not recommended per the MTUS Guidelines. There is no documentation that the patient has an exacerbation of spasm or back pain. There is no documentation that Cyclobenzaprine will be used for a short period. As such, the request is not medically necessary and appropriate.

Sumatriptan: 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 Balaguer-Fernandez, C., et al. (2008) "Sumatriptan succinate transdermal delivery systems for the treatment of migraine." J Pharm Sci 97(6): 2102-2109.

Decision rationale: Sumatriptan Succinate is a treatment for migraine headaches. The medical records provided for review did not document a clear history of headache or migraine induced and occurring during the course of his employment or prior to that. There is no recent documentation of migraine headaches. There is no specific documentation to support the need for this medication. As such, the request is not medically necessary and appropriate.

Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. As such, the request is not medically necessary and appropriate.