

<b>Case Number:</b>	CM14-0064058		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/25/2005
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Nevada. 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 records presented for review indicate that this 67 year old male was reportedly injured on August 25, 2005. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated January 14, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, a decrease in lumbar spine range of motion and some muscle spasm. Diagnostic imaging studies were not reviewed. Previous treatment included lumbar fusion surgery, multiple medications, and postoperative rehabilitation. A request was made for the medication Zofran and was not certified in the preauthorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin (Topical Lotion) 120 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

**Decision rationale:** When noting the date of injury, the injury sustained, the date of surgery, the current clinical findings noted on physical examination and by the parameters outlined in the

Medical Treatment Utilization Schedule (MTUS), there was no medical indication for this preparation. This medication is a topical anesthetic ointment containing methyl salicylate, capsaicin, menthol and lidocaine. As noted in the MTUS, when one component of these topical preparations is not indicated, the entire preparation is not indicated. There was no objectification of a neuropathic pain lesion or a verifiable radiculopathy. Therefore, the medical necessity for this preparation has not been established in the progress notes presented for review.

**#1 Zofran (Ondansetron HCL) 8 MG #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/10/14).

**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, updated July 2014.

**Decision rationale:** When considering the injury sustained, the surgical intervention, and that there were no complaints of nausea, vomiting or any other acute gastroenteritis, there was no clear indication for this medication presented for review. This request is not in accordance with the Official Disability Guidelines (ODG), therefore is not medically necessary.