

Case Number:	CM14-0070940		
Date Assigned:	07/14/2014	Date of Injury:	11/30/2011
Decision Date:	08/14/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 injured worker is a 56-year-old female who reported an injury on 11/30/2011. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be medications and injections. Her diagnosis was noted to be cervical radiculopathy. A clinical evaluation on 12/11/2013 noted the injured worker with complaints of neck pain that radiated to the left upper extremity, low back pain that radiated to the left lower extremity, and upper extremity pain in the left wrist. The injured worker rated pain a 7/10 in intensity with medications. She rated her pain a 9/10 in intensity without medications. She indicated pain increased with activity, and that pain was reported as unchanged since the last clinical visit. The physical examination noted the injured worker in moderate distress. The inspection of the cervical spine revealed no gross abnormality. Spinal vertebral tenderness was noted in the cervical spine at C4-7 region. Range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Sensory examinations were within normal limits. Motor examination showed decreased strength, at the dermatomal level of C5. Deep tendon reflexes in the biceps were decreased on the left. Grip strength was decreased on the left. The treatment plan included a follow-up visit and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg, #30: 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)- Pain Chapter- Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic's (for opioid nausea).

Decision rationale: The request for Ondansetron ODT 8mg, #30 is not medically necessary. The Official Disability Guidelines do not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. Anti-emetics are recommended for acute use secondary to chemotherapy and radiation-induced nausea, but not pain. Nausea and vomiting are common with the use of opioids. These side effects tend to diminish over days to weeks of continuous exposure. The injured worker is noted to be on opioids. The clinical evaluation submitted with the review does not indicate signs and symptoms of nausea. The request for ondansetron ODT 8 mg does not provide a frequency. Therefore, the request for Ondansetron ODT 8mg, #30 is not medically necessary.

Terocin patch, #30: Upheld

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

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

Decision rationale: The request for Terocin patch, #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many of these topical agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Terocin patch is a topical analgesic with the active ingredients of lidocaine at 4% and menthol 4%. The combination of lidocaine with any other topical medication is not recommended per guidelines. In addition, the documentation does not provide a failed trial of antidepressants and anticonvulsants. In addition, the request does not provide a frequency. Therefore, the request for Terocin patch, #30 is not medically necessary.