

Case Number:	CM14-0072900		
Date Assigned:	06/30/2014	Date of Injury:	11/06/1977
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58-year-old male who sustained an injury on 11/06/77. The injured worker was seen on 03/19/14 with complaints of pain that was constant in the neck, back, hips and knees. Physical exam findings noted tenderness to palpation in both the cervical and lumbar spine. There was a positive Spurling's sign as well as positive straight leg raise findings. Faber's sign were also reported as positive. There were positive Tinel and Phalen's signs. Range of motion was restricted. The injured worker was recommended to continue with physical therapy and given a wrist splint. The requested Ondansetron 8mg #60, Terocin patch #30, and Omeprazole 20mg #120 were all denied by utilization review on 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ondansetron ODT tablets 8 mg (REDACTED): 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 (Chronic): Ondansetron.

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, Anti-emetics.

Decision rationale: In regards to the request for Ondansetron 8mg #60, this reviewer would not have recommended this request as medically necessary. There were no indications noted in the clinical documentation to support the use of this medication. Per guidelines, Ondansetron is Food and Drug Administration indicated for nausea and vomiting following chemotherapy or radiation therapy. It is also indicated to address nausea and vomiting following anesthesia. The clinical documentation submitted for review did not indicate that any of these conditions were present to support the use of this medication. Therefore, this reviewer would not have recommended this request as medically necessary. Therefore, the request is not medically necessary.

30 Terocin Patch ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Mason-BMJ, 2004; Biswal, 2006; Mason, 2004; Lin, 2004; Bjordal, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for Terocin patches #30, this reviewer would not have recommended this request as medically necessary. Terocin contains capsaicin, which can be considered an option in the treatment of neuropathic symptoms per guidelines. Guidelines do consider topical analgesics containing capsaicin as largely experimental and investigational due to the lack of evidence in the literature establishing that this topical analgesics results in any long-term functional improvement as compared to standard oral medications. There is no indication of any neuropathic findings on physical exam and there is no documentation indicating that the injured worker had failed refill trials of other recommended medications for neuropathic pain such as anti-depressants or anticonvulsants. As such, this reviewer would not have recommended this request as medically necessary. Therefore, the request is not medically necessary.

120 Omeprazole Delayed-Release Capsules 20 mg ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs): NSAIDs, GI symptoms, & cardiovascular risk.

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, proton pump inhibitors.

Decision rationale: In regards to the use of omeprazole DR 20mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastro esophageal reflux disease. There was no clinical indication for the use of a

proton pump inhibitor this reviewer would not have recommended this request as medically necessary. Therefore, the request is not medically necessary.