

Case Number:	CM14-0082489		
Date Assigned:	07/21/2014	Date of Injury:	02/12/2009
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation 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:

This 64 year-old patient sustained an injury on 2/12/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg #120, Ondansetron 8mg #60, and Terocin patch #30. Report of 4/7/14 from the orthopedic provider noted patient with ongoing lumbar spine discomfort and bilateral hip pain rated at 10/10. Noted was UDS of 9/24/13 inconsistent results of prescribed Ultram not detected with discussion of possible opioid therapy termination. Exam showed limited lumbar range of flex/ext 40/22 degrees; tenderness of palpation over lumbar spine with positive SLR radiating down bilateral thigh. Diagnoses included Compensatory left shoulder pain secondary to sleeping on left hip following right hip surgery; s/p right shoulder arthroscopy; lumbar spine spondylosis/ disc protrusion/ musculoligamentous sprain/strain; and right THR. Treatment included home exercise and PT. Report of 4/21/14 from the provider noted the patient with chronic intermittent low back, right hip, and left arm pain rated at 10/10. Exam was unchanged. Diagnoses include lumbago, right hip pain, left shoulder pain, left elbow pain, and left wrist pain. Treatment included medication refills, MRI of lumbar spine, EMG of bilateral lower extremities, and triangle DME for knees for sleep. The request(s) for Omeprazole 20mg #120 was modified for #60, Ondansetron 8mg #60, and Terocin patch #30 were non-certified on 5/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 64 year-old patient sustained an injury on 2/12/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg #120, Ondansetron 8mg #60, and Terocin patch #30. Report of 4/7/14 from the orthopedic provider noted patient with ongoing lumbar spine discomfort and bilateral hip pain rated at 10/10. Noted was UDS of 9/24/13 inconsistent results of prescribed Ultram not detected with discussion of possible opioid therapy termination. Exam showed limited lumbar range of flex/ext 40/22 degrees; tenderness of palpation over lumbar spine with positive SLR radiating down bilateral thigh. Diagnoses included Compensatory left shoulder pain secondary to sleeping on left hip following right hip surgery; s/p right shoulder arthroscopy; lumbar spine spondylosis/ disc protrusion/ musculoligamentous sprain/strain; and right THR. Treatment included home exercise and PT. Report of 4/21/14 from the provider noted the patient with chronic intermittent low back, right hip, and left arm pain rated at 10/10. Exam was unchanged. Diagnoses include lumbago, right hip pain, left shoulder pain, left elbow pain, and left wrist pain. Treatment included medication refills, MRI of lumbar spine, EMG of bilateral lower extremities, and triangle DME for knees for sleep. The request(s) for Omeprazole 20mg #120 was modified for #60, Ondansetron 8mg #60, and Terocin patch #30 were non-certified on 5/14/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20mg #120 is not medically necessary and appropriate.

Ondansetron 8mg #60: 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, Antiemetics.

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; Antiemetics (for opioid nausea), page 773.

Decision rationale: This 64 year-old patient sustained an injury on 2/12/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg #120, Ondansetron 8mg #60, and Terocin patch #30. Report of 4/7/14 from the orthopedic provider noted patient with ongoing lumbar spine discomfort and bilateral hip pain rated at 10/10. Noted

was UDS of 9/24/13 inconsistent results of prescribed Ultram not detected with discussion of possible opioid therapy termination. Exam showed limited lumbar range of flex/ext 40/22 degrees; tenderness of palpation over lumbar spine with positive SLR radiating down bilateral thigh. Diagnoses included Compensatory left shoulder pain secondary to sleeping on left hip following right hip surgery; s/p right shoulder arthroscopy; lumbar spine spondylosis/ disc protrusion/ musculoligamentous sprain/strain; and right THR. Treatment included home exercise and PT. Report of 4/21/14 from the provider noted the patient with chronic intermittent low back, right hip, and left arm pain rated at 10/10. Exam was unchanged. Diagnoses include lumbago, right hip pain, left shoulder pain, left elbow pain, and left wrist pain. Treatment included medication refills, MRI of lumbar spine, EMG of bilateral lower extremities, and triangle DME for knees for sleep. The request(s) for Omeprazole 20mg #120 was modified for #60, Ondansetron 8mg #60, and Terocin patch #30 were non-certified on 5/14/14. The Zofran is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, radiotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to accepted low back claim for this 2009 injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications, not recommended especially in light of aberrant inconsistent UDS. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. Ondansetron 8mg #60 is not medically necessary and appropriate.

Terocin patch #30: Upheld

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

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

Decision rationale: This 64 year-old patient sustained an injury on 2/12/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg #120, Ondansetron 8mg #60, and Terocin patch #30. Report of 4/7/14 from the orthopedic provider noted patient with ongoing lumbar spine discomfort and bilateral hip pain rated at 10/10. Noted was UDS of 9/24/13 inconsistent results of prescribed Ultram not detected with discussion of possible opioid therapy termination. Exam showed limited lumbar range of flex/ext 40/22 degrees; tenderness of palpation over lumbar spine with positive SLR radiating down bilateral thigh. Diagnoses included Compensatory left shoulder pain secondary to sleeping on left hip following right hip surgery; s/p right shoulder arthroscopy; lumbar spine spondylosis/ disc protrusion/ musculoligamentous sprain/strain; and right THR. Treatment included home exercise and PT. Report of 4/21/14 from the provider noted the patient with chronic intermittent low back, right hip, and left arm pain rated at 10/10. Exam was unchanged. Diagnoses include

lumbago, right hip pain, left shoulder pain, left elbow pain, and left wrist pain. Treatment included medication refills, MRI of lumbar spine, EMG of bilateral lower extremities, and triangle DME for knees for sleep. The request(s) for Omeprazole 20mg #120 was modified for #60, Ondansetron 8mg #60, and Terocin patch #30 were non-certified on 5/14/14. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury. The Terocin patch #30 is not medically necessary and appropriate.