

<b>Case Number:</b>	CM14-0088632		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 injured worker is a 62-year-old who was reportedly injured on May 1st, 2013. The mechanism of injury is noted as gradual onset of pain secondary to years of repetitive work duties. The most recent progress note, dated April 8, 2014 indicates that there are ongoing complaints of headache, tension between the shoulder blades, and migraines related to cervical spine symptoms. Paresthesias of the upper extremities are also reported as is a history of carpal tunnel syndrome. The physical examination demonstrated cervical para vertebral muscle tenderness and spasm, as well as upper trapezius muscle. Tenderness and spasm. Spurling's test is positive. Range of motion of the cervical spine is decreased. Dysesthesias over the C5 and C6 dermatomes is reported. Tenderness is present in the shoulder girdles bilaterally. Forward flexion and internal rotation reproduce the symptoms. Tenderness is noted around the anterior glenohumeral region and the subacromial space. Tinel's test is positive at the bilateral wrists. Tenderness is noted at the 1st carpometacarpal joints bilaterally and pain with terminal motion. The lumbar spine demonstrates tenderness in the mid to distal segments with dysesthesias over the L5 and S1 dermatomes. Diagnostic studies referenced in the medical record include electrodiagnostic studies revealed evidence of bilateral carpal tunnel syndrome. Previous treatment referenced in the medical record includes chiropractic care, pharmacotherapy and activity modifications. A request was made for ondansetron 8mg and terocin patches which were not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8 mg ODT thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - (updated 06/10/14).

**Decision rationale:** Therefore, Official Disability Guidelines (ODG) guidelines are used. The ODG guidelines support the use of this medication for knowledge and vomiting secondary to chemotherapy, radiation treatment, or postoperative treatment, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opioid use. Review of the available medical records fail to document a guideline supported indication for the use of this medication. As such, the request for Ondansetron 8 mg ODT thirty count is not medically necessary or appropriate.

**Terocin patches, thirty count,:** Upheld

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

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

**Decision rationale:** Terocin is a topical analgesic formula containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Guideline recommendations note that using a compound medication that contains at least one drug that is not recommended makes the overall utilization not recommended. When noting that neither lidocaine, nor menthol is endorsed by the California Medical Treatment Utilization Schedule for any of this claimant's compensable diagnoses, then an ingredient is not necessary make in the entire product not medically necessary. Furthermore, the guideline supported use of topical lidocaine is recommended only for localized peripheral pain after failure of a trial of first-line therapy (including tricyclic, serotonin norepinephrine reuptake inhibitor antidepressants, or an anti-epileptic drug), and there is no indication in the medical record that the claimant has failed a trial of these medications. Therefore, the request for Terocin patches, thirty count, is not medically necessary or appropriate.