

Case Number:	CM14-0091137		
Date Assigned:	09/19/2014	Date of Injury:	10/13/2012
Decision Date:	12/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational Medicine 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 patient is a 43 y/o male who has chronic spinal pain subsequent to an injury dated 10/13/12. He has been diagnosed with chronic cervical pain with a radiculopathic component. Cervical surgery has been requested. He also has chronic low back pain with radiation into the lower extremities. There is no patient specific documentation regarding the use patterns and/or benefits of opioid medications. Utilization review has approved Naprosyn and Prilosec. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100 MG # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64, 65.

Decision rationale: MTUS Guidelines do not support the chronic daily use of this muscle relaxant. Occasional short term uses for acute flare-ups are supported in Guidelines, but there is no evidence that this is the recommended use or the actual pattern of use. There are no unusual

circumstances to justify an exception to Guidelines, the Orphenadrine Citrate ER 100mg. #120 are not medically necessary.

Ondansetron 20 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ondansetron.html>

Decision rationale: MTUS Guidelines does not specifically address this medication. The FDA approved indications for this drug is for use with nausea in the immediate post-operative setting or for nausea associated with chemo/radiation therapy. It does not have recognized use for pain. There are no unusual circumstances documented that justify an exception to Guidelines, the Ondansetron 20mg. #120 are not medically necessary.

Tramadol ER 150 MG # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific standards to support the rational and appropriate use of opioid medications. These standards include specific documentation/quantification of pain relief and functional benefits, how the patient utilizes the opioid and the length of pain relief, and periodic screening for drug related aberrant behaviors. None of these standards appear to be met. The Tramadol 150 ER 150 mg. #120 is not medically necessary.

Terocin Patch # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus Lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical Lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not

recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.