

Case Number:	CM14-0091391		
Date Assigned:	07/25/2014	Date of Injury:	12/03/1993
Decision Date:	12/16/2014	UR Denial Date:	05/14/2014
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 Internal 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:

The injured worker (IW) is a 71- year-old man with a date of injury of December 3, 1993. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated July 9, 2014, the IW complained of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp. The pain radiates to the lower extremities. The IW complains of constant left knee pain aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and standing. The IW reports swelling and buckling. The pain is characterized by stabbing. The IW also complains of constant pain in the bilateral ankles/feet. The pain is characterized by burning. Objective physical findings revealed left knee joint line tenderness. Anterior drawer test and posterior pivot shift test are positive. McMurray's test is positive. There is tenderness over the anterior portion of the ankle and plantar. Strength was normal. There was tenderness to palpation over the paravertebral muscles with spasms. Seated nerve root test is positive. The IW has been diagnosed with lumbago, plantar fasciitis, and internal knee derangement. The IW is wheelchair bound. Current medications include Cyclobenzaprine 7.5mg, and Ondansetron ODT 8mg, which is being prescribed for nausea associated with the headaches that are present with chronic cervical spine pain. The provider is recommending medication refills, EMG/NCV studies of the bilateral lower extremities, and requested an authorization of an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: 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 Official Disability Guidelines (ODG); Pain Section, Zofran.

Decision rationale: Zofran (Ondansetron) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. In this case, the medication form showed Zofran was being taken for nausea due to headache. The medical record did not contain evidence of headaches. The injured worker was not receiving chemotherapy or radiation treatment and was not postoperative. Consequently, there were no clinical indications for Zofran in the medical documentation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Zofran 8 mg #30 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation California Controlled Substance Utilization Review and Evaluation System-<http://ag.ca.gov/bne/trips.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates, Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the medical record does not contain evidence of detailed pain assessments, ongoing efficacy with measurable objective functional improvement, attempts at weaning/tapering Tramadol. Additionally, there are no risk assessments with urine drug testing to determine whether the injured worker is at low risk, intermediate risk or high risk for drug misuse/abuse. Consequently, the request for Tramadol ER 150 mg #90 is not medically necessary.

Terocin Patches #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), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics.

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Terocin contains methyl salicylate, Capsaicin, menthol, and lidocaine. Menthol is not recommended. In this case, the documentation does not reflect first-line treatment with anticonvulsants or antidepressants for the management of neuropathic pain. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, Terocin is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Terocin patch #30 is not medically necessary.