MAXIMUS Federal Services

| Case Number: | CM14-0094476 | | |
|---|---|---|---|
| Date Assigned: | 07/25/2014 | Date of Injury: | 05/22/2007 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

## 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 & Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 05/22/2007. The mechanism of injury was not provided for clinical review. The diagnoses included lumbosacral neuritis, lumbosacral spondylosis. The previous treatments included medication. Diagnostic testing included an MRI. Within the clinical note dated 04/09/2014, it was reported the injured worker complained of constant back pain. Upon the physical examination, the provider noted injured worker had tenderness of the lower back with spasms. The injured worker had a positive straight leg raise. The injured worker had decreased range of motion. The provider requested Ondansetron ODT, Terocin patches, and Sumatriptan. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 05/20/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ondansetron ODT 8mg [redacted]):** Upheld

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

**Decision rationale:** The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. There is a lack of documentation indicating the injured worker's treated for, or diagnosed with, nausea or vomiting secondary to chronic opioid use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**30 Terocin patches [redacted]):** 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 NSAIDs Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and dosage of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014 which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**9 Sumatriptan Succinate 25mg x2 [redacted]):** 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), Head, Triptans.

**Decision rationale:** The Official Disability Guidelines note Triptans are recommended for migraine sufferers. The guidelines note all oral Triptan, Sumatriptan, brand name of Imitrex, are effective and well tolerated. Differences among them are, in general, relatively small, but clinically relevant for individual patients. A poor response to one Triptan does not predict a poor response to other agents in that class. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted does not support the use of Sumatriptan. There is lack of documentation indicating the injured worker is treated for, or diagnosed with, migraine headaches. Therefore, the request is not medically necessary.