

Case Number:	CM14-0106302		
Date Assigned:	07/30/2014	Date of Injury:	02/13/2014
Decision Date:	03/20/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 55-year-old female who reported an injury on 02/13/2014. The mechanism of injury was cumulative trauma. Her diagnoses were noted to include left shoulder pain. Past treatment is noted to include physical therapy and medications. On 05/08/2014, it was indicated the injured worker had complaints of pain to the left shoulder that she rated 5/10. Upon physical examination, there were no quantitative objective findings. Treatment plan was noted to include medications. Request was received for Ondansetron ODT 8mg #30, Tramadol ER 150mg #90, and Terocin Patches, #30 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #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 Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: According to the Official Disability Guidelines, antiemetics for opioid use is not recommended. The guidelines indicate that ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. The clinical documentation submitted for review did not indicate such conditions. Additionally, rationale was not provided to warrant the medical necessity of this request. Consequently, the request is not supported by the evidence based guidelines. Moreover, the request does not specify duration and frequency of use. As such, the request for Ondansetron ODT 8mg #30 is not medically necessary.

Tramadol ER 150mg #90: 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, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Tramadol ER 150mg #90 is not medically necessary.

Terocin Patches, #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): 111-112.

Decision rationale: Terocin patches are comprised of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when any 1 medication in the compounded product is not recommended, the entire compounded product is not recommended. The guidelines go on to indicate that topical salicylates are recommended, as well as capsaicin for those who have not responded to or are intolerant to other treatments. Lidocaine is only approved for postherpetic neuralgia in the form of a patch. No other formulation of lidocaine is recommended such as gel, lotion, or cream. The clinical documentation submitted for review did not indicate that the injured worker had failed antidepressants and anticonvulsants. Additionally, at least 1 of the medications is not recommended. Consequently, the request is not supported by

the evidence based guidelines. Moreover, the request does not specify duration, frequency, or body region this is to be applied to. As such, the request for Terocin Patches, #30 is not medically necessary.