

Case Number:	CM14-0208976		
Date Assigned:	12/22/2014	Date of Injury:	02/05/2010
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work related injury on February 5, 2010. Subsequently, he developed chronic low back pain. According to the progress report dated October 13, 2014, the patient complained of a low back stabbing pain. He describes the pain as shooting pain that travels down his right hip and leg. Both of his legs were constantly swollen. The patient rated the level of his pain as a 9/10 without medications and 7/10 after taking Hydrocodone. Examination revealed tenderness over posterior superior iliac spines, bilaterally. pitting edema, 2+, bilateral legs. The patient was diagnosed with disc protrusions L1-2, L3-4, L4-5, and L5-S1; status post laminectomy and discectomy, L4-5 and L5-S1; and deep vein thrombosis. The provider requested authorization for Retro Ondansetron/Hydrocodone/Acetaminophen powder compound 30gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ondansetron/Hydrocodone/Acetaminophen powder compound 30gm -10/3/14:
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) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Medications Compounded

Decision rationale: According to ODG guidelines, compounded pain medications are not recommended. There is no controlled studies supporting the efficacy and safety of this compound medication compared each medication used as a single one. Therefore, the request is not medically necessary.