

Case Number:	CM14-0042515		
Date Assigned:	07/09/2014	Date of Injury:	03/26/1999
Decision Date:	03/26/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a male patient, who sustained an industrial injury on 03/26/1999. The doctor's first report of occupational illness report dated 03/06/2014 reported subjective complaint of intermittent low back pain that radiated down to the left foot and was rated a 5 or 6 out of 10 in intensity. He is diagnosed with lumbago and is prescribed physical therapy twice weekly for four weeks. A follow up visit is scheduled for 04/03/2014. On 03/18/2014 utilization review non-certified a request for medications Cyclobenzaprine, Ondansetron and Terocin, noting CA MTUS, NSAIDS, Muscle Relaxants and Topical Analgesia along with The Official Disability Guidelines Ondansetron were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

Decision rationale: MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. Treating physician has indicated that the requested cyclobenzaprine is for treatment of muscle spasms evident on physical exam, as well as to facilitate sleep. While MTUS would support a short course of cyclobenzaprine for treatment of an exacerbation of muscle spasms, the amount of requested medication is excessive and is not consistent with MTUS recommendations. Medical necessity is not established for the requested Cyclobenzaprine.

Ondansetron: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics (for opioid nausea), Ondansetron (Zofran)

Decision rationale: ODG does not recommend ondansetron for treatment of nausea and vomiting secondary to chronic opioid use. ODG notes FDA indications for ondansetron including treatment of nausea and vomiting secondary to chemotherapy and radiation treatment; postoperative use; and acute use for gastroenteritis. The treating physician has indicated that ondansetron in this case is for treatment of migrainous headaches associated with a chronic neck condition in this case. However, diagnosis in this case appears to be for the low back and not the neck. There is otherwise no documented detailed description of the nature or frequency of injured worker's headaches or associated symptoms. In addition, amount of requested ondansetron appears to be excessive. Based upon the submitted information, medical necessity is not established for the requested ondansetron.

Terocin Patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105 and 111-113 of 127.

Decision rationale: The active ingredients of Terocin patch include menthol 4% and lidocaine 4%. MTUS does not recommend use of topical lidocaine unless there has been a previous trial of first-line medications for neuropathic pain (an oral antiepilepsy drug such as gabapentin or an oral antidepressant such as amitriptyline). No previous trial of a first-line medication for neuropathic pain is documented in this case. Lidoderm patch is the only form of topical lidocaine recommended by MTUS for treatment of chronic pain. MTUS supports use of topical

salicylates, but there is no documentation of a previous trial of over-the-counter topical salicylates (Bengay, Salonpas patch, etc). Based upon an ingredient which is inconsistent with MTUS recommendations in this case (topical lidocaine) and lack of previous trial of over-the-counter salicylate preparations, medical necessity is not established for the requested Terocin patch.